

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13462

1. Entity Name

THE WOMEN'S CENTER OF MARTIN COUNTY, INC.

Principal Place of Business

448 EAST OSCEOLA STREET
STUART FL 34994

Mailing Address

448 EAST OSCEOLA STREET
STUART FL 34994

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2667106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORCORAN, LESLIE T
5600 SE WINDSONG WAY
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME POWERS, BRIAN
STREET ADDRESS P O BOX 8
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE T ☐ Delete
NAME CORCORAN, LESLIE T
STREET ADDRESS 5600 SE WINDSONG WAY
CITY-ST-ZIP STUART FL 34997

TITLE D ☒ Delete
NAME NEGRON, JOSEPH
STREET ADDRESS 5722 SE MITZI LN
CITY-ST-ZIP STUART FL 34997

TITLE SD ☒ Delete
NAME ALCORTA, CANDACE
STREET ADDRESS 8136 SE WINDJAMMER WY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE S ☐ Delete
NAME RIPPER, KAREN
STREET ADDRESS 5610 SW GROVE ST
CITY-ST-ZIP PALM CITY FL 34990

TITLE P ☒ Delete
NAME JORDAN, MARJORIE N
STREET ADDRESS 12 CASTLE HILL WAY
CITY-ST-ZIP STUART FL 34996

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME GLASCO, MELENDIA
STREET ADDRESS 5290 SE SCHOONER OAKS WAY
CITY-ST-ZIP STUART, FL 34997

TITLE DS ☐ Change ☒ Addition
NAME SCOTT, JOSEPH
STREET ADDRESS 10310 S. OCEAN DRIVE # 707
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE DV ☐ Change ☒ Addition
NAME WAKEMAN, JUDY
STREET ADDRESS 3601 SE MICANOPY TERRACE
CITY-ST-ZIP STUART, FL 34997

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Ripper Karen Ripper

4/25/01

(561) 287-5200

CR2E037 (10/00)

Attachment 975418
Doc. # N13462

N13462

THE WOMEN'S CENTER OF MARTIN COUNTY, INC.

ADDITIONAL OFFICERS AND DIRECTORS

D

LUST-STEWART, LISA
32-A EAST OCEAN BLVD.
STUART, FL 34957

D

CHANEL, RUSSELL
524 SW ST. LUCIE CRESCENT
STUART, FL 34994
