

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90148 003 \*\*\*\*61.25

**DOCUMENT #** N13462

**1. Entity Name**

THE WOMEN'S CENTER OF MARTIN COUNTY, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

448 EAST OSCEOLA STREET

Suite, Apt. #, etc.

**3. Mailing Address**

448 EAST OSCEOLA STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**STUART, FL**

**City & State**  
**STUART, FL**

**4. FEI Number**  
59-2667106

**Applied For**  
☐ **Not Applicable**

**Zip**  
34994

**Country**  
MARTIN

**Zip**  
34994

**Country**  
MARTIN

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Kathy Rowe II

**Street Address (P.O. Box Number is Not Acceptable)** 448 E. Osceola Street

**City** Stuart **FL** 34994

**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** *Kathy Rowe II*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/25/02*  
DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

**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** PD  
**NAME** POWERS, BRIAN  
**STREET ADDRESS** 448 EAST OSCEOLA STREET  
**CITY-ST-ZIP** STUART, FL 34994

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VPD  
**NAME** WAKEMAN, JUDY  
**STREET ADDRESS** 448 EAST OSCEOLA STREET  
**CITY-ST-ZIP** STUART, FL 34994

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** SD  
**NAME** RIPPER, KAREN  
**STREET ADDRESS** 448 EAST OSCEOLA STREET  
**CITY-ST-ZIP** STUART, FL 34994

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME** CARDNO, DAVID  
**STREET ADDRESS** 448 EAST OSCEOLA STREET  
**CITY-ST-ZIP** STUART, FL 34994

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME** COCORAN, LESLIE  
**STREET ADDRESS** 448 EAST OSCEOLA STREET  
**CITY-ST-ZIP** STUART, FL 34994

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME** GLASCO, MELINDA  
**STREET ADDRESS** 448 EAST OSCEOLA STREET  
**CITY-ST-ZIP** STUART, FL 34994

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/02*

*772-223-5936*

Attachment  
DO# N13462 / 654348

N13462

THE WOMEN'S CENTER OF MARTIN COUNTY, INC.

ADDITIONAL OFFICERS AND DIRECTORS

D  
JENKINS, PATRICIA  
448 EAST OSCEOLA STREET  
STUART, FL 34994

D  
SCOTT, JOSEPH  
448 EAST OSCEOLA STREET  
STUART, FL 34994

D  
LUST-STEWART, LISA  
448 EAST OSCEOLA STREET  
STUART, FL 34994

D  
PUNGER, DENISE  
448 EAST OSCEOLA STREET  
STUART, FL 34994