

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32559

1. Entity Name

RESOURCE CENTER FOR WOMEN FOUNDATION, INC.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90005 009 ****61.25

Principal Place of Business

1301 SEMINOLE BLVD.
STE 150
LARGO FL 33770-8113

Mailing Address

1301 SEMINOLE BLVD.
STE 150
LARGO FL 33770-8113
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2959397

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HAFLING, MARILYN E~~
11740 CURRIE LN
LARGO FL 33774

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME STEPHENS, SOLOMON
STREET ADDRESS 301 4TH ST., SW
CITY-ST-ZIP LARGO FL 33770 ☐ Delete

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

TITLE D
NAME LAWRENCE, CYNTHIA
STREET ADDRESS 2 EAGLE LANE
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE VS
NAME NOVOA, KALIKA
STREET ADDRESS 8371 -42ND AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33709 ☐ Delete

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

TITLE T
NAME HALVORSEN, JEAN M
STREET ADDRESS 79 ROYAL PALM CIRCLE
CITY-ST-ZIP LARGO FL 33778 ☐ Delete

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

TITLE D
NAME MCLEOD, GEORGE C
STREET ADDRESS 8 BELLEVIEW BLVD., #707
CITY-ST-ZIP BELLEAIR FL 33756-1969 ☐ Delete

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

TITLE D
NAME HAFLING, MARILYN E
STREET ADDRESS 11740 CURRIE LANE
CITY-ST-ZIP LARGO FL 33774 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 2002

727-586-2011

Date

Daytime Phone #

CR2E037 (9/01)