

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N34189**

1. Entity Name

WOMEN SERVICE NETWORK, INC.**FILED****Aug 03, 2000 8:00 am**
Secretary of State

08-03-2000 90035 019 ****70.00

Principal Place of Business

25 W. 23RD ST.
RIVIERA BCH FL 33419
US

Mailing Address

P.O. BOX 10551
RIVIERA BEACH FL 33419-0551
US**A0071132**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0198871

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

HARVIN, ANNE M.
108 MEADOWLARK DR.
ROYAL PALM BEACH FL 33411

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 \$61.259. 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 **VP** ☐ Delete
NAME **TURNER, RUBY**
STREET ADDRESS **350 W 25TH STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **DRAPER, BETTY**
STREET ADDRESS **2325 AVENUE Z**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **MCBAY, MARYANNE**
STREET ADDRESS **4 RIVER CHASE TERRACE**
CITY-ST-ZIP **PALM BCH GARDENS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HUGGARD, LISA**
STREET ADDRESS **13987 MORNING GLORY DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33410**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PLEASANT, PATRICIA**
STREET ADDRESS **623 EVERGREEN DR**
CITY-ST-ZIP **LAKE PARK FL 33403**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **O'MALLEY, SANDY**
STREET ADDRESS **25 WEST 23RD STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone #

CR2E037 (9/99)