FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40943 (5)

1. Corporation Name
THE YOUNG MOTHER'S LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4936 SEMINOLE FL 34642-8936	P.O. BOX 4936 SEMINOLE FL 34642-8936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1990
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3036530 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MCGUIRE, MARY
508 BROOKFIELD DRIVE
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name: ZAPOR, KATHERINE M.
82 Street Address (P.O. Box Number is Not Acceptable): 8813 MERRIMOOR BLVD
83
84 City: LARGO FL 85 Zip Code: 34647

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Katherine M. Zapor, President — DATE: 2/15/95
(Signature, title or typed name of registered agent or any of its officers) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MCGUIRE, MARY	12 NAME	ZAPOR KATHERINE M.	
STREET ADDRESS	508 BROOKFIELD DRIVE	13 STREET ADDRESS	8813 MERRIMOOR BLVD	
CITY-ST-ZIP	LARGO FL 34641	14 CITY-ST-ZIP	LARGO FL 34647	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	ZAPOR, KITTY	22 NAME	STOVER, DEBBIE	
STREET ADDRESS	8813 MERRIMOOR BLVD	23 STREET ADDRESS	8500 BELCHER RD #1807	
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	PINELLAS PARK FL 34665	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	STOVER, DEBBIE	32 NAME	SIRICO, JULIE	
STREET ADDRESS	12632 97TH STREET NORTH	33 STREET ADDRESS	14411 90th AVE N.	
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	DICKSON, MARY ANN	42 NAME	DICKSON, MELANIE	
STREET ADDRESS	9000 BAYWOOD PARK DRIVE	43 STREET ADDRESS	12099 94th ST. N.	
CITY-ST-ZIP	SEMINOLE FL 34647	44 CITY-ST-ZIP	LARGO FL 34643	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Katherine M. Zapor KATHERINE M. ZAPOR 2/15/95 813-398-6871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)