## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N40943

(5)

DOCUMENT # THE YOUNG MOTHER'S LEAGUE, INC. FILED

96 MAY 10 PM 5: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



THE YOU	NG MOTHER S LEAGUE.	1140-							
Principal Place of I	Business	Mailing Address				( If a little of the contract			
n o pov 40%									
P.O. BOX 4936 SEMINOLE FL 34642-8936 SEMINOLE FL 34642-8936			6				<del></del>		
						3. Date Incorporated or Qualified 11/19/1990		of Last Rep 3/03/199	
							1		plied For
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number <b>59-3036530</b>			t Applicable
21		26						\$8.75 A	Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	Fee Required		
22		City & State				6. Election Campaign Financing		\$5.00	
City & State		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in	ntangible tax ] Yes [] N	under s. 19	39.032,
24	25	29	30			Florida Statutes  10. Name and Address of New Re			
	9. Name and Address of Curren	nt Registered Agent		B1	Nama	10. Name and Address of Notific		<u> </u>	
				BI	Name				<del> </del>
ZAPOR, KATHERINE M				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
8813 MERRIMOOR BLVD				83					
LARGO FL 34647								Jeel 7m	Code
				84	City		FL	[	
or registered familiar with	d agent, or both, in the state of his a, and accept the obligations of, Sec	ction 617.0503, Florida Statutes	3.			oration submits this statement for the pur ard of directors. I hereby accept the app and when renstating!	DATE .		
S	lignature typed or printed name of registered age	nt and life it applicable (NO DIRECTORS	13			ADDITIONS CHANGES TO OFF	ICERS AND	DIRECTOI	RS IN 12
12.	PD OFFICERS A	DELETE	1.1	TITLE				_ Change	Addition
TITLE	ZAPOR, KATHERINE M	_	1.2	NAME		000 -05/17	$\bigcirc\bigcirc$ $1$	326	
NAME STREET ADDRESS	8813 MERRIMOOR BLVD		1.3	STREE	T ADDRESS	-05/16	/95~~U.	1057== *****	8991 61 99
CITY-ST-ZIP	LARGO FL				ST-ZIP	- ****	61.25	Thange	Addition
TITLE	VO	DELETE	2.1	TITLE					
NAME	STOVER, DEBBIE			NAME					
STREET ADDRESS	8500 BELCHER ROAD, #18	07			T ADDRESS				
CITY-ST-ZIP	PINELLAS PARK FL	70000			- ST · ZIP	TN		<b>C</b> mange	☐ Addition
TITLE	TD	CABELETE		TITLE 2 NAME		10 Law M 1 160:	1	•	
NAME	SIRICO, JULIE				ET ADDRESS	Autry, M. Lisa.	, 		
STREET ADDRESS	14411 90TH AVENUE N				-ST-ZIP	2) Petto / huza	11 3	3376	<u> </u>
CITY - ST - ZIP	SEMINOLE FL	DELETE		1 TITLE		Shiretee di		Change	☐ Addition
TITLE	SD DICKSON, MELANIE		4.	2 NAV	1E				
NAME	12099 94TH ST., N		4	3 STRE	ET ADDRESS				
STREET ADDRESS	LARGO FL		4	4 CITY	- ST- ZIP			Change	[ ] Addition
CITY - ST - ZIP	DANOO I L	DELETE	5	1 TiTL	E			Littalige	☐ ¥00///
TITLE _NAME			5	2 NAM	IE				
STREET ADDRESS	•		5	3 STRI	EET ADDRESS				
CITY-ST-ZIP					r-ST-ZIP			Change	Addition
TITLE		DELETE		1 TITL					
NAME				2 NAM	ı				
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP			<u> </u>	6 4 CIT	Y-ST-ZIP	lify for the exemption stated in Section 1	19.07(3)(k), F	lorida Stati	utes. I further

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)(k), 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 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 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 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 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 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 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 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certific the same legal effect as if made

SIGNATURE: