


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Orthany Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40943 (5)
 1. Corporation Name
THE YOUNG MOTHER'S LEAGUE, INC.



Principal Place of Business P.O. BOX 4936 SEMINOLE FL 34642-8936	Mailing Address P.O. BOX 4936 SEMINOLE FL 33775-4936
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1990		3a. Date of Last Report 05/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3036530		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ZAPOR, KATHERINE M 8813 MERRIMOR BLVD LARGO FL 34647				10. Name and Address of New Registered Agent			
				81 Name Melanie Dickson			
				82 Street Address (P.O. Box Number is Not Acceptable) 12099 94th St N.			
				83			
				84 City LARGO			
				85 Zip Code FL 33773			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Melanie Dickson DATE 2/26/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAPOR, KATHERINE M			1.2 NAME	Melanie Dickson		
STREET ADDRESS	8813 MERRIMOR BLVD			1.3 STREET ADDRESS	12099 94th St N.		
CITY-ST-ZIP	LARGO FL			1.4 CITY-ST-ZIP	LARGO, FL 33773		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOVER, DEBBIE			2.2 NAME	Debbie Stover		
STREET ADDRESS	8500 BELCHER ROAD, #1807			2.3 STREET ADDRESS	9736 BAYOU CLUB BLVD.		
CITY-ST-ZIP	PINELLAS PARK FL			2.4 CITY-ST-ZIP	LARGO FL 33777		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUTRY, LISA M			3.2 NAME	Lisa M. Autry		
STREET ADDRESS	2557 61ST AVENUE S.			3.3 STREET ADDRESS	2557 61st Ave S.		
CITY-ST-ZIP	ST. PETERSBURG FL 33712			3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DICKSON, MELANIE			4.2 NAME	Marie Silvers		
STREET ADDRESS	12099 94TH ST., N			4.3 STREET ADDRESS	1207 90th AVE N.		
CITY-ST-ZIP	LARGO FL			4.4 CITY-ST-ZIP	LARGO FL 33773		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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: Melanie Dickson Melanie Dickson 1-13-97 813-399-1440

CR2E037 (9/96)