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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

P.O. BOX 4936
SEMINOLE FL 34642-8936

P.O. BOX 4936
SEMINOLE FL 34642-8936



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

3. Date Incorporated or Qualified	
11/19/1990	
4. FEI Number	Applied For
59-3036530	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKSON, MELANIE
12099 94TH ST N
LARGO FL 33773

81	Name	Stover, Debbie
82	Street Address (P.O. Box Number is Not Acceptable)	7936 Bayou Club Blvd
83		
84	City	Largo
	State	FL
85	Zip Code	33777

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 Debbie Stover Debbie Stover, President DATE 1-16-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	DICKSON, MELANIE	1.2 NAME	Stover, Debbie - D
STREET ADDRESS	12099 94TH ST N	1.3 STREET ADDRESS	9736 Bayou Club Blvd
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Largo, FL
TITLE	VPD	2.1 TITLE	VP
NAME	STOVER, DEBBIE	2.2 NAME	Autry, Lisa - D
STREET ADDRESS	9736 BAYOU CLUB BLVD	2.3 STREET ADDRESS	2557 61st Ave S.
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	St Petersburg, FL 33712
TITLE	TD	3.1 TITLE	T
NAME	AUTRY, LISA M	3.2 NAME	HOCHSPRUNG ANNE - D
STREET ADDRESS	2557 61ST AVENUE S.	3.3 STREET ADDRESS	10360 97th St N
CITY-ST-ZIP	ST. PETERSBURG FL 33712	3.4 CITY-ST-ZIP	Largo, FL 33713
TITLE	SD	4.1 TITLE	
NAME	SILVERS, MARIE	4.2 NAME	
STREET ADDRESS	12107 90TH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Debbie L. Stover DATE 1-16-98 813-319-2440

CP2E037 (10/97)