


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90075 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40943					
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 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/19/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3036530	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24 33772		25		29 33772 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STOVER, DEBBIE 7936 BAYOU CLUB BLVD LARGO FL 33777				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

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 <input type="checkbox"/> DELETE NAME PD STREET ADDRESS STOVER, DEBBIE CITY-ST-ZIP 9736 BAYOU CLUB BLVD LARGO FL				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Stover, Debra L. 1.3 STREET ADDRESS 7936 Bayou Club Blvd 1.4 CITY-ST-ZIP Largo, FL 33777			
TITLE <input type="checkbox"/> DELETE NAME VPD STREET ADDRESS AUTRY, LISA CITY-ST-ZIP 2557 61ST AVE S. ST. PETERSBURG FL 33712				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME McElenny, Pam 2.3 STREET ADDRESS 9404 123rd Way N. 2.4 CITY-ST-ZIP Seminole, FL 33772			
TITLE <input type="checkbox"/> DELETE NAME TD STREET ADDRESS HOCHSPRUNG, ANNE CITY-ST-ZIP 10360 97TH ST. N. LARGO FL 33773				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Hochsprung, Anne 3.3 STREET ADDRESS 8966 143rd St N 3.4 CITY-ST-ZIP Seminole, FL 33776			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: *Debra L. Stover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

727-319-2440

Date

Daytime Phone #

CR2E037 (11/98)