

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 APR 19 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40962 (5)

1. Corporation Name

**THE YOUNG MOTHERS' LEAGUE OF MID-PINELLAS COUNTY
, INC.**

Principal Place of Business

Mailing Address

**12160 74TH ST. NORTH
LARGO FL 34643**

**12160 74TH ST. NORTH
LARGO FL 34643**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1990

3a. Date of Last Report

05/24/1994

4. FEI Number

59-3057221

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWTHER, LAURA
12160 74TH ST. NORTH
LARGO FL 34643**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**FREEMAN, LORA
1400 SOUTHRIDGE DR.
CLEARWATER FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**Church, Julie
1383 Highfield Dr.
Clearwater, FL 34624**

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**SILVER, LYDIA
2955 HICKORY CT.
PALM HARBOR FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

34686

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**BOUKNECHT, MARTI
10424 OAKHAVEN DR.
PINELLAS PARK FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

34666

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 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:

Laura J Lowther

Laura T Lowther

3/26/95

(813) 530 5262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

COPY 1