

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40962 (5)

1. Corporation Name

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



Principal Place of Business

Mailing Address

~~12100 74TH ST. NORTH  
LARGO FL 34643~~

~~12100 74TH ST. NORTH  
LARGO FL 34643~~

1383 Highfield Dr  
Clearwater, FL 34624

1383 Highfield Dr  
Clearwater, FL 34624

3. Date Incorporated or Qualified  
11/19/1990

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1383 Highfield Dr

26 1383 Highfield Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ☒

27

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34624

25

29 34624

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LOWMYER, LAURA  
12100 74TH ST. NORTH  
LARGO FL 34643~~

Julie Church  
1383 Highfield Dr  
Clearwater, FL 34624

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 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)

5/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME CHURCH, JULIE  
STREET ADDRESS 1383 HIGHFIELD DR  
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D ☐ DELETE  
NAME SILVER, LYDIA  
STREET ADDRESS 2955 HICKORY CT.  
CITY-ST-ZIP PALM HARBOR FL 34686

TITLE D ☐ DELETE  
NAME BOUKNECHT, MARTI  
STREET ADDRESS 10424 OAKHAVEN DR.  
CITY-ST-ZIP PINELLAS PARK FL 34686

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/96 813-530-9997

CR2E037 (12/95)