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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
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

1383 HIGHFIELD DR
CLEARWATER FL 34624
US

1383 HIGHFIELD DR
CLEARWATER FL 34624-3755
US



2. Principal Place of Business

2a. Mailing Address

21 2955 HICKORY CT

26 2955 HICKORY CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 PALM HARBOR FL

27 City & State
28 PALM HARBOR FL

24 Zip 34683 25 Country US

29 Zip 34683 30 Country US

3. Date Incorporated or Qualified
11/19/1990

3a. Date of Last Report
05/01/1996

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

CHURCH, JULIE
1383 HIGHFIELD DR
CLEARWATER FL 34624

81 Name LYDIA SILVER
82 Street Address (P.O. Box Number is Not Acceptable)
2955 HICKORY COURT
83
84 City PALM HARBOR FL 85 Zip Code 34683

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 *Lydia Silver* LYDIA H. SILVER PRESIDENT 3-18-97
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 D CHURCH, JULIE ☒ DELETE
NAME
STREET ADDRESS 1383 HIGHFIELD DR
CITY-ST-ZIP CLEARWATER FL 34624

1.1 TITLE D DIANE MCKEEVER ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2945 ABBEY LAKE RD.
1.4 CITY-ST-ZIP CLEARWATER FL 34619

TITLE D SILVER, LYDIA ☐ DELETE
NAME
STREET ADDRESS 2955 HICKORY CT.
CITY-ST-ZIP PALM HARBOR FL 34688

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

TITLE D BOUKNECHT, MARTI ☐ DELETE
NAME
STREET ADDRESS 10424 OAKHAVEN DR.
CITY-ST-ZIP PINELLAS PARK FL 34666

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)