

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N41801 (4)**  
1. Corporation Name

**YOUNG MOTHER'S LEAGUE OF ST. PETERSBURG, INC.**



Principal Place of Business  
**333 30TH AVENUE N  
ST. PETE FL 33704  
US**

Mailing Address  
**P. O. BOX 7415  
ST. PETE FL 33734  
US**

3. Date Incorporated or Qualified  
**01/24/1991**

3a. Date of Last Report  
**07/03/1995**

2. Principal Place of Business  
**21 6162 Leeland St. S.**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23 St Petersburg FL**  
Zip  
**24 33715** Country  
**25 US**

2a. Mailing Address  
**26**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28**  
Zip  
**29** Country  
**30**

4. FEI Number  
**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**

**WIDNER, VALERIE  
333 30TH AVENUE NE  
ST PETE FL 33704**

**10. Name and Address of New Registered Agent**

**81** Name  
**Erin Twitty**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**6162 Leeland St. S.**  
**83**  
**84** City  
**St Petersburg** **FL** **85** Zip Code  
**33715**

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 *Erin Twitty* **President** **3-26-96**  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WIDNER, VALERIE	
STREET ADDRESS	333 30TH AVENUE N	
CITY-ST-ZIP	ST PETE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, LAURI	
STREET ADDRESS	1132 45TH AVENUE N	
CITY-ST-ZIP	ST. PETE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PORTER, TERRY	
STREET ADDRESS	403 HARBOR VIEW LN	
CITY-ST-ZIP	LARGO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DUDLEY, MARY R	
STREET ADDRESS	1225 14 ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	HIRSCHAUER, CATHIE	
STREET ADDRESS	525 18TH AVENUE NE	
CITY-ST-ZIP	ST. PETE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Erin Twitty	
1.3 STREET ADDRESS	6162 Leeland St. S.	
1.4 CITY-ST-ZIP	St. Petersburg FL 33715	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joanne Simmons	
2.3 STREET ADDRESS	1091 79th Street S.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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 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: *Theresa J. Porter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-96** **813-584-9293**  
Date Daytime Phone #

CR2E037 (12/95)