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Jun 11 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 # N41801 (4)

1. Corporation Name

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

Principal Place of Business

6162 LEELAND STREET, S
ST. PETERSBURG FL 33715
US

Mailing Address

P. O. BOX 7415
ST. PETE FL 33734-7415
US



2. Principal Place of Business

21 2210 12th St N

2a. Mailing Address

25 Suite, Apt. #, etc.

22 St Petersburg

27 City & State

23 St Petersburg, FL

28 Zip

24 33704

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ERIN TWITTY
6162 LEELAND STREET, S
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name Andrea Conley
82 Street Address (P.O. Box Number is Not Acceptable)
2210 12th St N
83 St Petersburg
84 City
FL 85 Zip Code 33704

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 Andrea Conley

SIGNATURE Andrea Conley

DATE 2/25/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ERIN TWITTY	
STREET ADDRESS	6162 LEELAND ST. S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOANNE SIMMONS	
STREET ADDRESS	1901 79TH STREET, S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, TERRY	
STREET ADDRESS	403 HARBOR VIEW LN	
CITY-ST-ZIP	LARGO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DUDLEY, MARY R	
STREET ADDRESS	1225 14 ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Andrea Conley		
1.3 STREET ADDRESS	2210 12th St N		
1.4 CITY-ST-ZIP	St Petersburg FL 33704		
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Treasurer	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maria Willett		
3.3 STREET ADDRESS	426 20th Ave NE		
3.4 CITY-ST-ZIP	St Petersburg, FL 33704		
4.1 TITLE	Vice-Pres	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Karen Mossman		
4.3 STREET ADDRESS	2312 Andalusia Way NE		
4.4 CITY-ST-ZIP	St Petersburg, FL 33704		
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 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.

SIGNATURE [Signature]

DATE 6-21-97

FILED

CR2E037 (9/96)