

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90110 036 ***61.25

DOCUMENT # N43362

1. Entity Name

WOMEN'S ORGANIZATION FOR MEDICAL EMERGENCY NEEDS

Principal Place of Business

Mailing Address

PO BOX 82184
 TAMPA FL 33682
 US

PO BOX 82184
 TAMPA FL 33682
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3062028

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METCALF, RONNA
11846 WILDFLOWER PLACE
TAMPA FL 33617

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Ronna J. Metcalf
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/8/01
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DC METCALF, RONNA	<input type="checkbox"/> Delete
STREET ADDRESS	11846 WILDFLOWER PL	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE NAME	DT RIVENBARK, JUDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5342 BELLAMY BROS. BLVD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE NAME	D JACKSON, D. LYNN	<input type="checkbox"/> Delete
STREET ADDRESS	4731 WYO. AVE	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE NAME	D GUEVARA, LORI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8745 OSAGE DR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE NAME	D METCALF-AMKETT, CRYSTAL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8062 DEERWOOD CIR	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE NAME	DS LOCKWOOD, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1905 JETTON AVE	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE NAME	VICE-CHAIR MARY LOU HARKNESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	13511 PALMWOOD LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE NAME	SECRETARY ELIZABETH JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14240 N. 42ND ST. # 303B	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE NAME	TREASURER DENISE GRIMALDI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1445 34TH AVE. No.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE NAME	ADMINISTRATOR BETSY DAVIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	27226 BLACK HAWK DR.	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronna J. Metcalf
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 *(813) 989-9652*
 Date Daytime Phone #

CR2E037 (10/00)