

2002 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-26-2002 90026 008 ****61.25

DOCUMENT # N43362

1. Entity Name

**WOMEN'S ORGANIZATION FOR MEDICAL EMERGENCY NEEDS
, INC.**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METCALF, RONNA

~~11846 WILDFLOWER PLACE~~

~~TAMPA FL 33617~~

**2401 BAYSHORE BLVD, #207
TAMPA, FL 33629**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME **DC**
STREET ADDRESS **METCALF, RONNA**
CITY-ST-ZIP ~~11846 WILDFLOWER PL~~ **2401 BAYSHORE BLVD**
~~TAMPA FL 33617~~ **TAMPA, FL 33629 #207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VC D**
STREET ADDRESS **HARKNESS, MARY L**
CITY-ST-ZIP **13511 PALMWOOD LANE**
TAMPA, FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DTREB**
STREET ADDRESS **JACKSON, D. LYNN**
CITY-ST-ZIP ~~4791 WYO AVE~~ **301 SWEETBRIAR DR.**
~~TAMPA FL 33610~~ **TALLAHASSEE, FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **JOHNSON, ELIZABETH**
CITY-ST-ZIP ~~14240 N 42ND ST 33608~~ **6917 N. LYNN AVE.**
~~TAMPA FL 33615~~ **TAMPA, FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **GRIMALDI, DENISE**
CITY-ST-ZIP **1445 34TH AVE NO.**
SAINT PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AD**
STREET ADDRESS **DAVIS, BETSY**
CITY-ST-ZIP **27226 BLACK HAWK DRIVE**
WESLEY CHAPEL FL 33544

TITLE ☐ Change ☐ Addition
NAME
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

3-4-02

(813)250-9758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)