

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90071 048 ****61.25

DOCUMENT # N43362

1. Entity Name

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



Principal Place of Business

PO BOX 82184
TAMPA FL 33682
US

Mailing Address

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
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronna Metcalf

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Delete
NAME	METCALF, RONNA	
STREET ADDRESS	2401 BAYSHORE BLVD #207	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	HARKNESS, MARY L	
STREET ADDRESS	13511 PALMWOOD LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, LYNN D	
STREET ADDRESS	301 SWEET BRIAR DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, ELIZABETH	
STREET ADDRESS	6917 N. LYNN AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	A	<input type="checkbox"/> Delete
NAME	DAVIS, BETSY	
STREET ADDRESS	27226 BLACK HAWK DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	KATIE HAYNES - TREAS.	<input type="checkbox"/> Delete
NAME	221 W.	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATIE HAYNES	
STREET ADDRESS	221 W. JEAN ST. #2	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Metcalf

4-1-03 (813) 250-9758

CR2E037 (10/02)