

**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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number **59-3062028** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



10070103



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
METCALF, RONNA #201
2401 BAYSHORE BLVD, #201
TAMPA FL 33629

7. Name and Address of New Registered Agent
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* DATE: **4-1-03**

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW: FEE IS \$61.25 **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	TITLE: TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: METCALF, RONNA		NAME: KATIE HAYNES	
STREET ADDRESS: 2401 BAYSHORE BLVD #207		STREET ADDRESS: 221 W. JEAN ST. #2	
CITY-ST-ZIP: TAMPA FL 33629		CITY-ST-ZIP: TAMPA, FL 33604	
TITLE: VCD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HARKNESS, MARY L		NAME: _____	
STREET ADDRESS: 13511 PALMWOOD LANE		STREET ADDRESS: _____	
CITY-ST-ZIP: TAMPA FL 33624		CITY-ST-ZIP: _____	
TITLE: TD	<input checked="" type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JACKSON, LYNN D		NAME: _____	
STREET ADDRESS: 301 SWEET BRIAR DR		STREET ADDRESS: _____	
CITY-ST-ZIP: TALLAHASSEE FL 32312		CITY-ST-ZIP: _____	
TITLE: SD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, ELIZABETH		NAME: _____	
STREET ADDRESS: 6917 N. LYNN AVE		STREET ADDRESS: _____	
CITY-ST-ZIP: TAMPA FL 33604		CITY-ST-ZIP: _____	
TITLE: A	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DAVIS, BETSY		NAME: _____	
STREET ADDRESS: 27226 BLACK HAWK DRIVE		STREET ADDRESS: _____	
CITY-ST-ZIP: WESLEY CHAPEL FL 33544		CITY-ST-ZIP: _____	
TITLE: KATIE HAYNES - TREAS.	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KATIE HAYNES		NAME: _____	
STREET ADDRESS: 221 W.		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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* DATE: **4-1-03 (813) 250-9758**

CR2E037 (10/02)