

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47989

(1)

1. Corporation Name

ABUSED WOMEN ADVOCATES KINDLE EMPOWERMENT, INC.

Principal Place of Business

Mailing Address

~~136 4TH ST NORTH~~ 2318 14th Ave N.
ST PETERSBURG FL ~~33704~~
US 33713

P.O. BOX 11435
ST PETERBURG FL 33733
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1992

3a. Date of Last Report

02/28/1994

4. FEI Number

59-3117088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2318 14th Ave No

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 St. Petersburg, FL

28

Zip

Country

Zip

Country

24 33713

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGGELES, THEODORA B.

136 FOURTH STREET NORTH

ST. PETERSBURG FL ~~33704~~

2318 14th Ave N.
33713

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

AGGELES, THEODORA B.

STREET ADDRESS

2318 14 AVE. N.

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

DST

NAME

MESLANS, ANGELA D.

STREET ADDRESS

106 SIXTH ST.

CITY - ST - ZIP

BELLEFAIRE BEACH FL

TITLE

D

NAME

GOODSTEIN, RONNIE

STREET ADDRESS

4618 CHANCELLOR ST., NE

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Theodora B Aggeles, President Theodora B Aggeles, President 5/13/95 328-1283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone