

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47989

FILED
May 15, 2002 8:00 AM
Secretary of State

Entity Name: ABUSED WOMEN ADVOCATES KINDLE EMPOWERMENT, INC.

Current Principal Place of Business:

2318 14TH AVE N
ST PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11435
ST PETERBURG, FL 33733 US

New Mailing Address:

FEI Number: 59-3117088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGGELES, THEODORA B.
2318 14TH AVE N
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AGGELES, THEODORA B.,
Address: 2318 14 AVE. N.
City-St-Zip: ST. PETERSBURG, FL

Title: DST () Delete
Name: PETERSON, CAROL M
Address: 4023 2ND AVE N
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: AGGELES, MELISSA ANN
Address: 1699 23RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: AGGELES, THEODORA B.,
Address: 2318 14 AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33713

Title: DST (X) Change () Addition
Name: PETERSON, CAROL M
Address: 4023 2ND AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORA B. AGGELES, RN, PRESIDENT

DP

05/15/2002

Electronic Signature of Signing Officer or Director

Date