

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90001 020 ****61.25

DOCUMENT # N94000006171					
1. Entity Name INSURANCE WOMEN OF ST. PETERSBURG, INC.					
Principal Place of Business P.O. BOX 60442 ST PETERSBURG, FL 33784-0442			Mailing Address P.O. BOX 60442 ST PETERSBURG, FL 33784-0442		
54071083					
2. Principal Place of Business		3. Mailing Address		03202003 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-6152191	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASH, SHARON 2054 BARCELONA WAY SOUTH SAINT PETERSBURG, FL 33712				7. Name and Address of New Registered Agent Name <u>Lilian Classen</u> Street Address (P.O. Box Number is Not Acceptable) <u>11309 Starkey Rd.</u> <u>Largo</u> City <u>Largo</u> <u>FL</u> Zip Code <u>33773</u>	
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 <u>Lilian Classen</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <u>8/30/04</u>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, STEPHANIE 826 63RD AVE. SOUTH SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, CANDICE K 9560-118TH STREET NORTH SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Christine B. Grunman 11309 Starkey Rd. Largo FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOERNER, PATRICIA 2642 OAK BROOK DR. LARGO, FL 33770	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Robin Breazeale 1145 Queen St N St Petersburg FL 33713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASH, SHARON 2054 BARCELONA WAY S SAINT PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lilian Classen 11309 Starkey Rd. Largo FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEN, DENISE 8271-27TH AVE. NORTH SAINT PETERSBURG, FL 337102805	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sharon Nash 2054 Barcelona Way S St Petersburg, FL 33712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, NANCY 4160 POMPANO DRIVE SE SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lilian Classen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LILIAN CLASSEN, President				Date <u>8/30/04</u> 727-392-4400 Daytime Phone #	