

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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



02162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6152191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLASSEN, LILIAN
11309 STARKEY RD.
LARGO, FL 33773

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME MOORE, STEPHANIE
STREET ADDRESS 826 63RD AVE. SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33705

TITLE T
NAME GRUNDMAN, CHRISTINE
STREET ADDRESS 11309 STARKEY RD
CITY-ST-ZIP LARGO, FL 33773

TITLE S
NAME BREAZEALE, ROBIN
STREET ADDRESS 1145 QUEEN ST N
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE P
NAME CLASSEN, LILLIAN
STREET ADDRESS 11309 STARKEY RD.
CITY-ST-ZIP LARGO, FL 33773

TITLE D
NAME NASH, SHARON
STREET ADDRESS 2054 BARCELONA WAY S
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE D
NAME PORTER, NANCYE
STREET ADDRESS 4160 POMPANO DRIVE SE
CITY-ST-ZIP SAINT PETERSBURG, FL 33705

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IN THIS SPACE**

1100001347272
04/30/05-80109-010 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

LILIAN CLASSEN 2/16/2005 727-392-4400