

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90656 022 ****70.00

DOCUMENT # N95000003428

1. Entity Name

GREATER WOODLAWN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1182 24TH AVE N.
 SAINT PETERSBURG FL 33704**

**1182 24TH AVE N.
 SAINT PETERSBURG FL 33704**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3316653

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, CATHY
 1182 24TH AVE N
 SAINT PETERSBURG FL 33704**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **WILSON, CATHY**
 STREET ADDRESS **1182 24TH AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **STD** ☐ Change ☒ Addition
 NAME **Sue Lynn**
 STREET ADDRESS **2341 Woodlawn Circle E.**
 CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **VPD** ☐ Delete
 NAME **CALAHAN, TOM**
 STREET ADDRESS **1184 24TH AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☒ Delete
 NAME **LADELFA, LAURIE**
 STREET ADDRESS **2420 12TH ST N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CONLEY, RANDALL**
 STREET ADDRESS **2210 12TH ST., NORTH**
 CITY-ST-ZIP **ST. PETERSBURG 33 33704**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Cathryn P. Wilson, Pres. **Cathryn P. Wilson, Pres.** **3/20/02 (727) 823-0863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)