# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2006 8:00 am**
**Secretary of State**
04-19-2006 90106 034 ****61.25

50013691

DOCUMENT # N46596

1. Entity Name
DOWNTOWN TAMPA BPW FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 1595<br>TAMPA, FL 33601 US | 4707 CHEROKEE ROAD<br>TAMPA, FL 33629 US |

02172006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc.<br>PO Box 2595 | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number
59-3146899
☐ Applied For
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MULDER, SANDRA
4707 CHEROKEE RD
TAMPA, FL 33629

**7. Name and Address of New Registered Agent**

Name SANDRA MOHLER (NAME CHANGE ONLY)
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. 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, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | VPD<br>STRAIT, DELORES<br>210 N TAYLOR RD<br>SEFFNER, FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DALTON, SUZANNE<br>8822 MORAN LANE<br>TAMPA, FL 33635 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MAXIE, CINDY<br>3635 COLD CREEK DRIVE<br>VALRICO, FL 33594 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BILLINGS, JOANNE<br>P.O. BOX 1498<br>TAMPA, FL 33601 | ☑ Delete | DIRECTOR<br>BROYLES, EDNA<br>3310 WESTMORELAND DR.<br>TAMPA, FL 33618 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MULDER, SANDRA<br>4707 CHEROKEE RD<br>TAMPA, FL | ☐ Delete | SANDRA MOHLER | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** SANDRA MOHLER Sandra Mohler 4-17-06 813-837-6325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #