2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N46596

Entity Name: DOWNTOWN TAMPA BPW FOUNDATION, INC.

Current Principal Place of Business:

POB 2595
TAMPA, FL 33601 US

New Principal Place of Business:

123 S WESTSHORE BLVD
EIGHTH FLOOR
TAMPA, FL 33609 US

Current Mailing Address:

4707 CHEROKEE ROAD
TAMPA, FL 33629 US

New Mailing Address:

P O BOX 2595
TAMPA, FL 33601 US

FEI Number: 59-3146899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHLER, SANDRA
4707 CHEROKEE RD
TAMPA, FL 33629 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: VPD ( ) Delete
Name: STRAIT, DOLORES
Address: 210 N TAYLOR RD
City-St-Zip: SEFFNER, FL

Title: SD ( ) Delete
Name: DALTON, SUZANNE
Address: 8822 MORAN LANE
City-St-Zip: TAMPA, FL 33635

Title: PD ( ) Delete
Name: MAXIE, CINDY,
Address: 3635 COLD CREEK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: RAHMAN, SHEERIN
Address: 4129 W. KENNEDY BLVD STE 2
City-St-Zip: TAMPA, FL 33609

Title: TD ( ) Delete
Name: MOHLER, SANDRA
Address: 4707 CHEROKEE RD
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: VARRIEUR, CARRIE
Address: 3113 W. WALLCRAFT AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: STRAIT, DOLORES
Address: 1004 W ML KING BLVD
City-St-Zip: SEFFNER, FL 33584

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

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

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

Title: TD (X) Change ( ) Addition
Name: MOHLER, SANDRA
Address: P O BOX 320935
City-St-Zip: TAMPA, FL 33679

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SANDRA MOHLER TD 01/13/2009

Electronic Signature of Signing Officer or Director — Date