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FILED

**Aug 05 1998 8:00am
Secretary of State**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
ANNUAL REPORT
1998

DOCUMENT # N97000004943 (3)

1. Corporation Name
TAMPA BAY WOMEN IN INTERNATIONAL TRADE, INC.



Principal Place of Business
**4409 WEST SEVILLA STREET
TAMPA FL 33629**

Mailing Address
**4409 WEST SEVILLA STREET
TAMPA FL 33629**

3. Date Incorporated or Qualified
09/02/1997

4. FEI Number
59-3482087

Applied For
 Yes Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26 P.O. Box 2415

Suite, Apt. #, etc.
22

City & State
23 TAMPA, FL 33602

Zip
24

Country
25

Zip
29

Country
30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**PINA, OLGA M
501 E KENNEDY BLVD
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINA, OLGA M	1.2 NAME	Pina, Olga M.
STREET ADDRESS	2609 PROSPECT ROAD	1.3 STREET ADDRESS	2609 Prospect Road
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D, V, S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELIA, CAROL A	2.2 NAME	Delia, Carol A.
STREET ADDRESS	4409 WEST SEVILLA STREET	2.3 STREET ADDRESS	4409 West Sevilla St.
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, MONICA B	3.2 NAME	Mason, Monica B.
STREET ADDRESS	614 MONTEREY BLVD NE	3.3 STREET ADDRESS	614 Monterey Blvd. NE
CITY-ST-ZIP	ST. PETERSBURG FL 33704	3.4 CITY-ST-ZIP	St. petersburg, FL 33704
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Buckley, Joanie
STREET ADDRESS		4.3 STREET ADDRESS	One Tampa City Center Ste. 3000
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Cargill, Carol
STREET ADDRESS		5.3 STREET ADDRESS	(Not Applicable) Post Office Box 2258
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Largo, FL 33779
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	See attached list
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Olga M. Pina* Olga M. Pina 8/20/98

CR2E037 (10/97)

D
Laura L. Bedingfield
201 East Kennedy Boulevard
Tampa, FL 33602

D
Charlotte L. Kovach
2203 North Lois Avenue
Tampa, FL 33607

D
Ms. Ty Mitchell
(Not Applicable) Post Office Box 17211
Tampa, FL 33672

D
Corinne B. Young, Ph.D.
401 West Kennedy Boulevard
Tampa, FL 33606

D
Ms. Margarita Gonzalez
2908 Ivy Street
Tampa, FL 33607

D
Ms. Teresa De La Torre
6402 North Hubert
Tampa, FL 33614

D
Trudy Carson
(Not Applicable) Post Office Box 22287
Tampa, FL 33622

D
Maria de los Angeles Crummett, Ph.D.
4202 East Fowler Avenue, BSN 3109
Tampa, FL 33620

D
Adele Giovanazzi
1410 North Westshore Boulevard
Tampa, FL 33607

D
Chantal Hevia
201 East Kennedy Boulevard, Ste. 1407
Tampa, FL 33602

D
Ms. Madeleine H. Krasne
201 East Kennedy Boulevard, Ste. 1407
Tampa, FL 33602

D
Ms. Rose McClatchy-Romero
5350 Tech Data Drive
Clearwater, FL 34620

D
Ms. Deborah G. Rowland
100 South Ashley Drive, Suite 970
Tampa, FL 33602

D
Royce G. Haiman
800 Second Avenue South, Suite 340
St. Petersburg, FL 33701

Handwritten note at the bottom of the page: "All names listed above."