


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90051 019 ****61.25

DOCUMENT # N97000004943
 1. Entity Name
TAMPA BAY WOMEN IN INTERNATIONAL TRADE, INC.



Principal Place of Business Mailing Address
 PO BOX 2415 PO BOX 2415
 TAMPA, FL 33601-2415 US TAMPA, FL 33601-2415 US

40029108



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
501 East Kennedy Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1700

03012007 Chg-NP CR2E037 (12/06)

City & State City & State
Tampa, FL

4. FEI Number Applied For
59-3482087 Not Applicable

Zip Country Zip Country
33602 USA

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

6. Name and Address of Current Registered Agent
PINA, OLGA
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent
 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. 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, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA TORRE, TERESA P.O. BOX 2415 TAMPA, FL 336012415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURDICK, LISA P.O. BOX 2415 TAMPA, FL 336012415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINA, OLGA M P.O. BOX 2415 TAMPA, FL 336012415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSSER, LORI P.O. BOX 2415 TAMPA, FL 336012415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, EILEEN P.O. BOX 2415 TAMPA, FL 336012415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JUROE, LIZ P.O. BOX 2415 TAMPA, FL 336012415 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Sonya Stoa P.O. Box 2415 Tampa, FL 33601-2415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Burdick, Lisa P.O. Box 2415 Tampa, FL 33601-2415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pina, Olga M. P.O. Box 2415 Tampa, FL 33601-2415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amarchand, Matilde P.O. Box 2415 Tampa, FL 33601-2415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Rodriguez, Eileen P.O. Box 2415 Tampa, FL 33601-2415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. VP/D Juroe, Liz P.O. Box 2415 Tampa, FL 33601-2415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Olga Pina* **Olga Pina, Director** **March 1, 2007** **813-222-1170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

40029158
1197000004943

**2007 Not-for-Profit Corporation
Annual Report
Document #N97000004943**

Tampa Bay Women in International Trade, Inc.

Continuation of Section 11:

D
Madeleine Krasne
P.O. Box 2415
Tampa, FL 33601-2415

D/VP
Jennifer Roeper
P.O. Box 2415
Tampa, FL 33601-2415

D
Charlotte Starfire
P.O. Box 2415
Tampa, FL 33601-2415

D
Corinne Young
P.O. Box 2415
Tampa, FL 33601-2415