

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004943

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: TAMPA BAY WOMEN IN INTERNATIONAL TRADE, INC.

**Current Principal Place of Business:**

501 EAST KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2415  
TAMPA, FL 336012415 US

**New Mailing Address:**

FEI Number: 59-3482087      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINA, OLGA  
501 EAST KENNEDY BOULEVARD  
SUITE 1700  
TAMPA, FL 33602 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: ROEPER, JENNIFER  
Address: POB 2415  
City-St-Zip: TAMPA, FL 336012415 US

Title: D ( ) Delete  
Name: PINA, OLGA M  
Address: P.O. BOX 2415  
City-St-Zip: TAMPA, FL 336012415 US

Title: DT ( ) Delete  
Name: RODRIGUEZ, EILEEN  
Address: P.O. BOX 2415  
City-St-Zip: TAMPA, FL 336012415

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ROEPER, JENNIFER  
Address: POB 2415  
City-St-Zip: TAMPA, FL 336012415 US

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

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

Title: DS ( ) Change (X) Addition  
Name: STOA, SONYA  
Address: P.O. BOX 2415  
City-St-Zip: TAMPA, FL 336022415

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: EILEEN RODRIGUEZ

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02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date