


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005716			
1. Entity Name ALTRUSA INTERNATIONAL OF TAMPA - WILMA B. HOGAN FOUNDATION, INC.			
Principal Place of Business 3314 HENDERSON BLVD STE 208 TAMPA FL 33609-2934		Mailing Address 3314 HENDERSON BLVD STE 208 TAMPA FL 33609-2934	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GARRETT, MARIE G 3314 HENDERSON BLVD STE 208 TAMPA FL 33609-2934		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GARRETT, MARIE G	NAME	
STREET ADDRESS	651 RIVIERA DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HINES, EILEEN	NAME	
STREET ADDRESS	9720 CYPRESS POND AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33644	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	COOK, REBA F	NAME	
STREET ADDRESS	10313 N 53RD ST	STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FRANCIS, EDITH H	NAME	
STREET ADDRESS	13620 LAKE MAGDALENE BLVD., UNIT 112	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ENGLE, ANNA M	NAME	
STREET ADDRESS	18930 CRESCENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3610110 Applied For Not Applicable

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

000000427870
 02/21/06-80024-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.