


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000005716
 1. Entity Name
ALTRUSA INTERNATIONAL OF TAMPA - WILMA B. HOGAN FOUNDATION, INC.



Principal Place of Business Mailing Address
3314 HENDERSON BLVD STE 208 TAMPA FL 33609-2934 **3314 HENDERSON BLVD STE 208 TAMPA FL 33609-2934**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number **59-3610110** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required with existing) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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	D <input type="checkbox"/> Delete
NAME	GARRETT, MARIE G
STREET ADDRESS	651 RIVIERA DR
CITY- ST- ZIP	TAMPA FL 33606
TITLE	D <input type="checkbox"/> Delete
NAME	HINES, EILEEN
STREET ADDRESS	9720 CYPRESS POND AVE
CITY- ST- ZIP	TAMPA FL 33644
TITLE	D <input type="checkbox"/> Delete
NAME	COOK, REBA F
STREET ADDRESS	10313 N 53RD ST
CITY- ST- ZIP	TEMPLE TERRACE FL 33617
TITLE	D <input type="checkbox"/> Delete
NAME	FRANCIS, EDITH H
STREET ADDRESS	13620 LAKE MAGDALENE BLVD., UNIT 112
CITY- ST- ZIP	TAMPA FL 33618
TITLE	D <input type="checkbox"/> Delete
NAME	ENGLE, ANNA M
STREET ADDRESS	18930 CRESCENT ROAD
CITY- ST- ZIP	ODESSA FL 33556
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000739497
CITY- ST- ZIP	01/30/08-80070-015 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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.

SIGNATURE: *Marie G. Garrett* (MARIE G. GARRETT) 01/28/08 913-251-2411