

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000659

Entity Name: AMERICAN WOMEN'S SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS OF THE TAMPA BAY AREA, INC.**FILED**
May 03, 2013
Secretary of State
CC1537416529**Current Principal Place of Business:**4056 TAMPA ROAD
OLDSMAR, FL 34677**Current Mailing Address:**4056 TAMPA ROAD
OLDSMAR, FL 34677**FEI Number: 59-2448366****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PAINTER, ALISON
4056 TAMPA ROAD
OLDSMAR, FL 34677 US*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**Officer/Director Detail :**Title DP
Name PAINTER, ALISON
Address 4056 TAMPA ROAD
City-State-Zip: OLDSMAR FL 34677Title DS
Name TOMEIO, BARB
Address PO BOX 21307
City-State-Zip: TAMPA FL 33622Title DT
Name WADSWORTH, ELIZABETH
Address 3118 GULF TO BAY BLVD #500
City-State-Zip: CLEARWATER FL 33759Title DV
Name ALBERDI, DEBI
Address 2111 DREW ST
City-State-Zip: CLEARWATER FL 33765Title D
Name GALBRAITH, LISA
Address 19159 MEADOW PINE DR
City-State-Zip: TAMPA FL 33647Title D
Name BROCK, LAURA
Address 13577 FEATHER SOUND DR #400
City-State-Zip: CLEARWATER FL 33762

I hereby 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 all other like empowered.

SIGNATURE: ALISON PAINTER**PRESIDENT****05/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date