

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004943

**FILED**  
**Feb 02, 2021**  
**Secretary of State**  
**2811532206CC**

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

**Current Principal Place of Business:**

4301 W. BOY SCOUT BLVD.  
SUITE 300  
TAMPA, FL 33607

**Current Mailing Address:**

PO BOX 75688  
TAMPA, FL 33675 US

**FEI Number: 59-3482087**

**Certificate of Status Desired: No**

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

PINA, OLGA  
4301 W. BOY SCOUT BLVD.  
SUITE 300  
TAMPA, FL 33607 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 DIRECTOR  
Name PINA, OLGA M  
Address PO BOX 75688  
City-State-Zip: TAMPA FL 33675

Title DIRECTOR  
Name DOEGE, CHRISTYNA  
Address PO BOX 75688  
City-State-Zip: TAMPA FL 33675

Title DIRECTOR, SECRETARY  
Name GOLDENBERG, ILANA  
Address PO BOX 75688  
City-State-Zip: TAMPA FL 33675

Title DIRECTOR, TREASURER  
Name FALLUCCA, DEBBIE  
Address PO BOX 75688  
City-State-Zip: TAMPA FL 33675

Title DIRECTOR  
Name CANAS, SELMA  
Address PO BOX 75688  
City-State-Zip: TAMPA FL 33675

Title DIRECTOR  
Name MONTEITH, APRIL  
Address PO BOX 75688  
City-State-Zip: TAMPA FL 33675

Title DIRECTOR  
Name BARNETT, DEVON  
Address P.O. BOX 75688  
City-State-Zip: TAMPA FL 33675

Title DIRECTOR  
Name MURPHY, JENNIFER  
Address PO BOX 75688  
City-State-Zip: TAMPA FL 33675

**Continues on page 2**

*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: OLGA M. PINA**

**DIRECTOR**

**02/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           LAWSON, MADISON  
Address        PO BOX 75688  
City-State-Zip: TAMPA FL 33675

Title           PRESIDENT  
Name           BARNETT, DEVON  
Address        PO BOX 75688  
City-State-Zip: TAMPA FL 33675