

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005716

**FILED**  
**Jan 19, 2020**  
**Secretary of State**  
**1708919693CC**

**Entity Name:** ALTRUSA INTERNATIONAL OF TAMPA - WILMA B. HOGAN FOUNDATION, INC.

**Current Principal Place of Business:**

9720 CYPRESS POND AVE  
TAMPA, FL 33647

**Current Mailing Address:**

9720 CYPRESS POND AVE  
TAMPA, FL 33647

**FEI Number: 59-3610110**

**Certificate of Status Desired: No**

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

HINES, EILEEN  
9720 CYPRESS POND AVE  
TAMPA, FL 33647 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 D  
Name HINES, EILEEN  
Address 9720 CYPRESS POND AVE  
City-State-Zip: TAMPA FL 33647

Title D  
Name ERSTAD, LAURA J  
Address 4309 HARBOR HOUSE DRIVE  
City-State-Zip: TAMPA FL 33615

Title D  
Name ROBINSON, KAREN  
Address 10434 TARA DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title D  
Name DE SANTANA, MARY MARTIN  
Address 201 BEDFORD STREET  
UNIT 76D  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name THOMPSON, CARLA  
Address 8945 WALNUT GABLE COURT  
City-State-Zip: RIVERVIEW FL 33578

*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: EILEEN HINES**

**DIRECTOR**

**01/19/2020**

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

\_\_\_\_\_  
Date