

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005716

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

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC9378455504**

**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 GARRETT, MARIE G  
Address 651 RIVIERA DR  
City-State-Zip: TAMPA FL 33606

Title D  
Name COOK, REBA F  
Address 12401 N 22ND STREET  
C 503  
City-State-Zip: TAMPA FL 33612

Title D  
Name FRANCIS, EDITH H  
Address 3101 VALLEY OAKS DRIVE  
City-State-Zip: TAMPA FL 33618

Title D  
Name ENGLE, ANNA M  
Address 18930 CRESCENT ROAD  
City-State-Zip: ODESSA FL 33556

*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**

**BOARD PRESIDENT**

**01/09/2015**

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

\_\_\_\_\_  
Date