

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90013 029 ****61.25



MOORE CR2E037 (11/03)

DOCUMENT # 707140 1. Entity Name TAMPA FEDERATION OF GARDEN CLUB CIRCLES, INC.																																																																																																																							
Principal Place of Business 2629 BAYSHORE BLVD TAMPA FL 33629			Mailing Address 2629 BAYSHORE BLVD TAMPA FL 33629																																																																																																																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																					
City & State		City & State		4. FEI Number 59-0602950																																																																																																																			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent ECHEVARRIA, KATHERINE 308 N BEVERLY AVE TAMPA FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																			
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 <u>Katherine A. Celvaris</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE																																																																																																																			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																			
Make Check Payable to Florida Department of State																																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>RODRIGUEZ, CARMEN</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5701 MARINER ST APT 705 TAMPA FL 33609</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ECHEVARRIA, KATHERINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>308 N BEVERLY AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33609</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NUNEZ, GRISELDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2720 W VIRGINIA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33607</td> <td></td> </tr> <tr> <td>TITLE</td> <td>I</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLACK, EMILY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4611 HAWTHORNE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33611</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VAN LOON, CANDANCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4710 KEMBLE COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33624</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WICKMAN, CLAIR WICKMAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2915 BAY COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33611</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PRES HENSTREET, JAYNE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3133 W. BURKE ST, TAMPA, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	STREET ADDRESS	RODRIGUEZ, CARMEN	<input checked="" type="checkbox"/>	CITY-ST-ZIP	5701 MARINER ST APT 705 TAMPA FL 33609		TITLE	VPD	<input type="checkbox"/> Delete	NAME	ECHEVARRIA, KATHERINE		STREET ADDRESS	308 N BEVERLY AVE		CITY-ST-ZIP	TAMPA FL 33609		TITLE	VD	<input type="checkbox"/> Delete	NAME	NUNEZ, GRISELDA		STREET ADDRESS	2720 W VIRGINIA AVE		CITY-ST-ZIP	TAMPA FL 33607		TITLE	I	<input type="checkbox"/> Delete	NAME	BLACK, EMILY		STREET ADDRESS	4611 HAWTHORNE RD		CITY-ST-ZIP	TAMPA FL 33611		TITLE	S	<input type="checkbox"/> Delete	NAME	VAN LOON, CANDANCE		STREET ADDRESS	4710 KEMBLE COURT		CITY-ST-ZIP	TAMPA FL 33624		TITLE	VPD	<input type="checkbox"/> Delete	NAME	WICKMAN, CLAIR WICKMAN		STREET ADDRESS	2915 BAY COURT		CITY-ST-ZIP	TAMPA FL 33611		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	PRES HENSTREET, JAYNE		CITY-ST-ZIP	3133 W. BURKE ST, TAMPA, FL		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		
TITLE	NAME	Delete																																																																																																																					
STREET ADDRESS	RODRIGUEZ, CARMEN	<input checked="" type="checkbox"/>																																																																																																																					
CITY-ST-ZIP	5701 MARINER ST APT 705 TAMPA FL 33609																																																																																																																						
TITLE	VPD	<input type="checkbox"/> Delete																																																																																																																					
NAME	ECHEVARRIA, KATHERINE																																																																																																																						
STREET ADDRESS	308 N BEVERLY AVE																																																																																																																						
CITY-ST-ZIP	TAMPA FL 33609																																																																																																																						
TITLE	VD	<input type="checkbox"/> Delete																																																																																																																					
NAME	NUNEZ, GRISELDA																																																																																																																						
STREET ADDRESS	2720 W VIRGINIA AVE																																																																																																																						
CITY-ST-ZIP	TAMPA FL 33607																																																																																																																						
TITLE	I	<input type="checkbox"/> Delete																																																																																																																					
NAME	BLACK, EMILY																																																																																																																						
STREET ADDRESS	4611 HAWTHORNE RD																																																																																																																						
CITY-ST-ZIP	TAMPA FL 33611																																																																																																																						
TITLE	S	<input type="checkbox"/> Delete																																																																																																																					
NAME	VAN LOON, CANDANCE																																																																																																																						
STREET ADDRESS	4710 KEMBLE COURT																																																																																																																						
CITY-ST-ZIP	TAMPA FL 33624																																																																																																																						
TITLE	VPD	<input type="checkbox"/> Delete																																																																																																																					
NAME	WICKMAN, CLAIR WICKMAN																																																																																																																						
STREET ADDRESS	2915 BAY COURT																																																																																																																						
CITY-ST-ZIP	TAMPA FL 33611																																																																																																																						
TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																																																																																																																					
STREET ADDRESS	PRES HENSTREET, JAYNE																																																																																																																						
CITY-ST-ZIP	3133 W. BURKE ST, TAMPA, FL																																																																																																																						
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 exemption stated in Section 119.07(3)(i), 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: <u>Katherine A. Celvaris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					Date <u>2-2-04</u>																																																																																																																		
Daytime Phone #																																																																																																																							