

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707140

FILED
Jan 09, 2006
Secretary of State

Entity Name: TAMPA FEDERATION OF GARDEN CLUB CIRCLES, INC.

Current Principal Place of Business:

2629 BAYSHORE BLVD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2629 BAYSHORE BLVD
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-0602950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVARRIA, KATHERINE
308 N BEVERLY AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHEVARRIA, KATHERINE
Address: 308 N BEVERLY AVE.
City-St-Zip: TAMPA, FL 33609

Title: VPD () Delete
Name: FLAACKE, KAREN
Address: 13613 FAWN RIDGEBLVD
City-St-Zip: TAMPA, FL 33634

Title: SECY () Delete
Name: MORENO, ESTHER
Address: 3010 W. IVY ST.
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: GREEN, VIRGINIA
Address: 7538 ARMAND CIR.
City-St-Zip: TAMPA, FL 33634

Title: VPD () Delete
Name: CANDANCE, VANLOON
Address: 4710 KEMBLE CT.
City-St-Zip: TAMPA, FL 33624

Title: SECY () Delete
Name: WICHMAN, CLAIR
Address: 2915 BAY COURT
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHERINE ECHEVARRIA

P

01/09/2006

Electronic Signature of Signing Officer or Director

Date