2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707140

FILED Jan 17, 2008 Secretary of State

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

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2629 BAY: TAMPA, F	SHORE BLVD L 33629				
Current Mailing Address:		New Mailing Addr	New Mailing Address:		
2629 BAY: TAMPA, F	SHORE BLVD L 33629				
FEI Number	: 59-0602950 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Curr	ent Registered Agent:	Name and Addres	s of New Registered Agent:	
	RRIA, KATHERINE /ERLY AVE L 33609 US				
	named entity sub e of Florida.	mits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:				
	Electronic S	Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	P () Del	ete	Title:	() Change () Addition	
Name: Address: City-St-Zip:	FLAACKE, KAREN 13613 FAWN RIDG TAMPA, FL 33626	E BLVD	Name: Address: City-St-Zip:		
Address:	13613 FAWN RIDG	ete NCE	Address:	()Change ()Addition	
Address: City-St-Zip: Title: Name: Address:	13613 FAWN RIDG TAMPA, FL 33626 VPD () Del VAN LOON, CANDA 4710 KEMBLE COL	ete NCE JRT ete	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	13613 FAWN RIDG TAMPA, FL 33626 VPD () Del VAN LOON, CANDA 4710 KEMBLE COU TAMPA, FL 33624 SECY () Del MORENO, ESTHER 3010 W. IVY ST.	ete NCE JRT ete ete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address:	13613 FAWN RIDG TAMPA, FL 33626 VPD () Del VAN LOON, CANDA 4710 KEMBLE COU TAMPA, FL 33624 SECY () Del MORENO, ESTHER 3010 W. IVY ST. TAMPA, FL 33607 TR () Del GREEN, VIRGINIA 3 7538 ARMAND CIR	ete NCE JRT ete S ete S .	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: VIRGINIA S. GREEN TR 01/17/2008