FILED

## 2003 NOT-FOR-PROFIT CORPORATION

## Aug 14, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 707140 08-14-2003 90070 039 \*\*\*\*70.00 TAMPA FEDERATION OF GARDEN CLUB CIRCLES, INC. Principal Place of Business Mailing Address 2629 BAYSHORE BLVD 2629 BAYSHORE BLVD **TAMPA FL 33629** TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-0602950 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ATHERIDE ECHEVARRIA SCOTT, AGNES (LOLLIE) Street Address (P.O. Box Number is Not Acceptable) 4606 W KENSINGTON AVE TAMPA FL 33629 NI BEVERLY 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CARMEN ROPKIGUET ASSAURCE 5701 MACINEL St., APT 705 10. OFFICERS AND DIRECTORS 11. PD TITLE Delete TITLE SCOTT, LOLLIE NAME NAME 4606 W KENSINGTON AVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP TAMPA FL 33629 CITY-ST-7IP VPD KATHERINE ECHEUARRICHange 308 N. Beverly AV. Delete TITLE TITLE NORES, DONALD NAME 4307 W KENSINGTON AVE STREET ADDRESS STREET ADDRESS TAMPA, 7L -33-60-9-CITY-ST-ZIP TAMPA FL"33629" CITY-ST-ZIP GRISELDA NUNEZ 1 2720 W. VIRGINIA AU TITLE TITLE Delete ROSMUSSEN, DENISE NAME 2516 MORRISON AVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP Tampa FL 33629 CITY-ST-ZIP TITLE EMILY BLACK ☐ Addition Delete OWNBY, JENNIFER Hawthorne Rd. NAME NAME 3203 W PARKLAND BLVD. STREET ADDRESS STREET ADDRESS TAMPA, FL 33611 Tampa Fl 33609 CITY-ST-ZIP CITY-ST-ZIP Selete TITLE CANDANCE VAN **∠**Change TITLE [ ] Addition WHEATLEY, FAYE NAME NAME 4710 Kemble C+ 811 APRIL LANE STREET ADDRESS STREET ADDRESS TAMPA, FU 33624 **TAMPA FL 33613** City-ST-7IP CITY-ST-7IP Delete TOLE TITLE ∠Change ☐ Addition CLAIR WICKMAN ECHEVARRIA, KATHERINE NAME NAME 2915 BAY COVET 308 N BEVERLY AVE. STREET ADDRESS STREET ADDRESS TAMPA, FL 33611 **TAMPA FL 33609** 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

CITY-ST-7IP

KATHERINE H. 8/-12/03

(4/03)