2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 718752

1. Entity Name
CHURCH WOMEN UNITED OF TAMPA, INC.

Principal Place of Business	Mailing Address
1551 N FRANKLIN ST TAMPA, FL 33602 US	1551 N FRANKLIN ST TAMPA, FL 33602 US

07152006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0140022
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWINDLE, LITA C
4407 SWANN AVE
TAMPA, FL 33609

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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 Lita C. Swindle Lita C. SWINDLE 7-15-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000571223
07/19/06-80008-010 61.25

10.	OFFICERS AND DIRECTORS
TITLE	TS
NAME	SWINDLE, LITA C
STREET ADDRESS	4407 SWANN AVE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	PARLETT, MARY
STREET ADDRESS	12943 OREGON AVE.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	PD
NAME	CLARK, ANNE
STREET ADDRESS	13613 TWINLAKESLANE
CITY-ST-ZIP	TAMPA, FL 33616
TITLE	D
NAME	BRADY, BETTY
STREET ADDRESS	11718 PALMER DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lita C. Swindle Lita C. Swindle 7-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #