

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 718752

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



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

Mailing Address
1551 N FRANKLIN ST
TAMPA, FL 33602 US



04122007 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 <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SWINDLE, LITA C
4407 SWANN AVE
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-11-07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SWINDLE, LITA C 4407 SWANN AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARLETT, MARY 12943 OREGON AVE. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, ANNE 13613 TWINLAKESLANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, BETTY 11718 PALMER DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000710242
04/25/07-80035-018 61.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-07 813-289-0180