

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90007 013 \*\*\*\*70.00

**DOCUMENT # 744693**

1. Entity Name  
**THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
TAMPA BAY, INC.**



Principal Place of Business  
**655-2ND AVE.,S.  
ST. PETERSBURG, FL 33701**

Mailing Address  
**655-2ND AVE.,S.  
ST. PETERSBURG, FL 33701**

40044003



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01102007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-0638517**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINLAW-DUSSEAU, SUSAN  
655-2ND AVE.,S.  
ST PETERSBURG, FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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 + \$8.75  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SIMMS-POWEL, TAMI  
STREET ADDRESS 494 49TH AVE N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE VDD ☒ Delete  
NAME JACKSON, SHARON  
STREET ADDRESS 8001 MACOMA DR NE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE VD ☒ Delete  
NAME WELCH, PENELOPE  
STREET ADDRESS 7929 GARDEN DR N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE S ☒ Delete  
NAME JACKSON, MARILYN  
STREET ADDRESS 219 27TH AVE N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE TD ☐ Delete  
NAME CAMPA-FLANAGAN, LIZA  
STREET ADDRESS 813 JACARANDA DRIVE  
CITY-ST-ZIP LARGO, FL 33770

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Change ☒ Addition  
NAME Lynn Kiehne  
STREET ADDRESS 1200 Monticello Blvd. N  
CITY-ST-ZIP St. Petersburg, FL 33703

TITLE V ☐ Change ☒ Addition  
NAME Rita Wesley  
STREET ADDRESS 3315 58 Avenue South  
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE S ☐ Change ☒ Addition  
NAME Jessica Eilerman  
STREET ADDRESS 553 37 Avenue North  
CITY-ST-ZIP St. Petersburg, FL 33704

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Susan Finlaw-Dusseault*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Finlaw-Dusseault 1/11/07 727/896-4629

Date

Daytime Phone #