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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751848

1. Corporation Name

THE LADIES AUXILIARY OF THE GREATER TAMPA SHOWME N'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
608 N. WILLOW AVE. TAMPA FL 33606	608 N. WILLOW AVE. TAMPA FL 33606

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 04/02/1980

4. FEI Number: 59-0590097 — Applied For — Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, LILLIAN A
12734 WOOD TRAIL BLVD
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name: WEISS, JEANETTE A.
82 Street Address (P.O. Box Number is Not Acceptable): 500 S. HIMES AVE
83: #19
84 City: TAMPA FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jeanette A. Weiss 4/28/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	PATTON, KIMBERLY M		1.2 NAME	Rojas Rosemary	
STREET ADDRESS	4510 W. IDLEWILD AVE		1.3 STREET ADDRESS	10205 Sligh Ave	
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	ROJAS, ROSEMARY		2.2 NAME	Nicolle, LEILA W.	
STREET ADDRESS	10205 SLIGH AVE		2.3 STREET ADDRESS	3607 Corona Ave	
CITY-ST-ZIP	TAMPA FL 33610		2.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	NICOLLE, LEILA W		3.2 NAME	Wilson, Monica R.	
STREET ADDRESS	3607 CORINAM STREET		3.3 STREET ADDRESS	8703 IMPERIAL Ct.	
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	WILSON, MONICA R		4.2 NAME	ATKins, Ashlyn	
STREET ADDRESS	8703 IMPERIAL CRT		4.3 STREET ADDRESS	4504 Cameron Ave	
CITY-ST-ZIP	TAMPA FL 33635		4.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	SD	☑ DELETE	5.1 TITLE	SD	☑ Change ☑ Addition
NAME	THOMAS, LILLIAN A		5.2 NAME	WEISS, JEANETTE A.	
STREET ADDRESS	12734 WOOD TRAIL BLVD.		5.3 STREET ADDRESS	500 S. Himes #19	
CITY-ST-ZIP	TAMPA FL 33625		5.4 CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TD	☐ DELETE	6.1 TITLE	TD	☑ Change ☐ Addition
NAME	KENNEDY, MELISSA		6.2 NAME	Kennedy, Melissa	
STREET ADDRESS	10548 TAYLOR RD.		6.3 STREET ADDRESS	10548 TAYLOR Rd	
CITY-ST-ZIP	THONOTOSASSA FL 33592		6.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-7-1999 (813)876-7532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)