

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90104 015 ****61.25

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01162006 Chg-NP CR2E037 (11/05)

DOCUMENT # 751848					
1. Entity Name THE LADIES AUXILIARY OF THE GREATER TAMPA SHOWMEN'S ASSOCIATION, INC.					
Principal Place of Business 608 N. WILLOW AVE. TAMPA, FL 33606		Mailing Address 608 N. WILLOW AVE. TAMPA, FL 33606			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0590097	
5. Certificate of Status Desired <input type="checkbox"/>				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			7. Name and Address of New Registered Agent		
WEISS, JEANETTE A 4205 LAPALMA CT. TAMPA, FL 33611			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, ELIZABETH		NAME	Swyear, Terri	
STREET ADDRESS	4503 BURTON ROAD		STREET ADDRESS	6353 Spanish main Dr.	
CITY-ST-ZIP	PLANT CITY, FL 33565		CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWYEAR, TERRI		NAME	Anderson, Jamie Lee	
STREET ADDRESS	6353 SPANISH MAIN DR.		STREET ADDRESS	11323 Veronica Ave	
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, LINDA		NAME		
STREET ADDRESS	1112 S 86TH ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDINE, BEVERLY		NAME		
STREET ADDRESS	PO BOX 126		STREET ADDRESS		
CITY-ST-ZIP	GIBSONTON, FL 33534		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, JEANETTE		NAME		
STREET ADDRESS	4205 LAPALMA COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LILLIAN		NAME		
STREET ADDRESS	12734 WOODBURY TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33625		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: *Jeanette Weiss*