

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90054 001 ****61.25

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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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		02262007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0590097				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 WEISS, JEANETTE A 4205 LAPALMA CT. TAMPA, FL 33611	
7. Name and Address of New Registered Agent 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 <u><i>Jeanette Weiss</i></u> <u>2/28/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SWYEAR, TERRI 6533 SPANISH MAIN DR APOLLO BEACH, FL 33572 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Beverly Nordine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 126 Gibsonton, FL 33534		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, JAMIE LEE 11323 VERONICA AVE TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kristen Baggett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25514 Sweetfern Ct. Land O Lakes, FL 34639		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASON, LINDA 1112 S 86TH ST TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORDINE, BEVERLY PO BOX 126 GIBSONTON, FL 33534 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, JEANETTE 4205 LAPALMA COURT TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, LILLIAN 12734 WOODBURY TRAIL TAMPA, FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Jeanette Weiss</i></u> <u>2/28/07 (813) 293-1024</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					