

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751848

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE LADIES AUXILIARY OF THE GREATER TAMPA SHOWMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

608 N. WILLOW AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

608 N. WILLOW AVE.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-0590097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, JEANETTE A
4205 LAPALMA CT.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASON, LINDA
Address: 1112 S 86TH ST
City-St-Zip: TAMPA, FL 33619

Title: VD () Delete
Name: DEGGELLER, JAMIE A
Address: P.O. BOX 238
City-St-Zip: STUART, FL 34995

Title: VD () Delete
Name: BAGGETT, KRISTEN
Address: 25514 SWEETFERN CT
City-St-Zip: LAND O LAKES, FL 34639

Title: VD () Delete
Name: PERZIA, AMANDA
Address: 10804 N EDISON
City-St-Zip: TAMPA, FL 33612

Title: SD () Delete
Name: WEISS, JEANETTE
Address: 4205 LAPALMA COURT
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: THOMAS, LILLIAN
Address: 12734 WOODBURY TRAIL
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEGGELLER, JAMIE
Address: PO BOX 238
City-St-Zip: STUART, FL 34995

Title: VD (X) Change () Addition
Name: BAGGETT, KRISTEN A
Address: 25514 SWEETFERN CT.
City-St-Zip: LAND O LAKES, FL 34639

Title: VD (X) Change () Addition
Name: PERZIA, AMANDA
Address: 10804 N EDISON
City-St-Zip: TAMPA, FL 336125

Title: VD (X) Change () Addition
Name: NAGEL -PERRY, BETSY
Address: 608 N. WILLOW AVE.
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE WEISS

SEC

04/15/2009

Electronic Signature of Signing Officer or Director

Date