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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90011 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758789

1. Corporation Name

THE TAMPA BAY AREA WOMAN'S CLUB, INC.

Principal Place of Business

4512 NETHERWOOD DR
TAMPA FL 33624
US

Mailing Address

4512 NETHERWOOD DR
TAMPA FL 33624
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/16/1981
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2166794
24	29	30
5. Certificate of Status Desired <input type="checkbox"/>		Applied For
		Not Applicable
6. Election Campaign Financing <input type="checkbox"/>		\$8.75 Additional Fee Required
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FORSYTH, ALICE
4512 NETHERWOOD DR
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Alice Forsyth

Signature, typed or printed name of registered agent and title if applicable.

Alice Forsyth

(NOTE: Registered Agent signature required when reinstating)

DATE 4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSYTH, ALICE	1.2 NAME	Forsyth, Alice
STREET ADDRESS	4512 NETHERWOOD DR	1.3 STREET ADDRESS	4512 Netherwood Dr.
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARIGLIO, BONNIE	2.2 NAME	Hemstreet, Jayne
STREET ADDRESS	5701 MARINER ST #701	2.3 STREET ADDRESS	3133 W. Burke St.
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHT, BARBARA	3.2 NAME	Appleton, Joy
STREET ADDRESS	3606 BEACH DRIVE	3.3 STREET ADDRESS	3301 Bayshore Blvd. #1804
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, IDA	4.2 NAME	Scholin, Mary
STREET ADDRESS	8309 SANDSTONE CT	4.3 STREET ADDRESS	14854 Par Club Cir.
CITY-ST-ZIP	TAMPA FL 33615	4.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMSTREET, JAYNE	5.2 NAME	Bryan, Dolly
STREET ADDRESS	3133 W BURKE ST	5.3 STREET ADDRESS	4907 San Nicholas
CITY-ST-ZIP	TAMPA FL 33614	5.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, AUDREY	6.2 NAME	Collins, Regina
STREET ADDRESS	5605 LOIS AVE S	6.3 STREET ADDRESS	5216 Zion St.
CITY-ST-ZIP	TAMPA FL 33616	6.4 CITY-ST-ZIP	Tampa, FL 33611

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:

Alice Forsyth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(813) 963-3091

Daytime Phone #

CR2E037 (1/98)