

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90026 046 ****61.25

0041047

DOCUMENT # 758789
 1. Entity 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
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FORSYTH, ALICE
4512 NETHERWOOD DR
TAMPA FL 33624

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.
 SIGNATURES _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FORSYTH, ALICE	
STREET ADDRESS	4512 NETHERWOOD DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, GRACE	
STREET ADDRESS	12401 N 22ND ST #4704	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMILTON, ANN	
STREET ADDRESS	1909 CURRY RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOWARD, MARY	
STREET ADDRESS	13572 AVISTA DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYAN, DOLLY	
STREET ADDRESS	4907 SAN NICHOLAS	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, DOROTHY S	
STREET ADDRESS	3513 TABERNACLE PL	
CITY-ST-ZIP	TAMPA FL 33607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice Forsyth	
STREET ADDRESS	4512 Netherwood Dr.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Anderson	
STREET ADDRESS	13902 Clubhouse Cir	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Mitchell	
STREET ADDRESS	12465 Citation Rd	
CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Hamilton	
STREET ADDRESS	1909 Curry Rd	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marianne Hyde	
STREET ADDRESS	10449 Green Links Dr.	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Glynn	
STREET ADDRESS	4832 Tampa Downs Blvd	
CITY-ST-ZIP	Lutz, FL 33559	

12. 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 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: *Alice Forsyth* **4/1/02 (813) 963-3091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)