2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# 758789

Entity Name: THE TAMPA BAY AREA WOMAN'S CLUB, INC.

Current Principal Place of Business:

2469 FRANCISCAN DR.
#9
CLEARWATER, FL 33763 US

New Principal Place of Business:

8570 ACORN RIDGE COURT
TAMPA, FL 33625 US

Current Mailing Address:

2469 FRANCISCAN DR.
#9
CLEARWATER, FL 33763 US

New Mailing Address:

8570 ACORN RIDGE COURT
TAMPA, FL 33625 US

FEI Number: 59-2166794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, AUDREY W
2253 NORWEGIAN DR #55
CLEARWATER, FL 33763 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: V ( ) Delete
Name: VAUGHT, BARBARA
Address: 3606 BEACH DR
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete
Name: WATKINS, ANNE
Address: 2469 FRANCISAN DR 39
City-St-Zip: CLEARWATER, FL 33763

Title: P ( ) Delete
Name: HMESTREET, JAYNE
Address: 2030 VILLA SITES DR
City-St-Zip: TAMPA, FL 336124515

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: MESSINA, AUDREY
Address: 9116 OTTER PASS
City-St-Zip: TAMPA, FL 33626

Title: T (X) Change ( ) Addition
Name: AMICK, LUCILLE
Address: 8570 ACORN RIDGE COURT
City-St-Zip: TAMPA, FL 33625

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: LUCILLE AMICK T 02/28/2009

Electronic Signature of Signing Officer or Director — Date