

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007160

FILED
Apr 15, 2005
Secretary of State

Entity Name: PORT TAMPA CITY WOMAN'S CLUB, INC.

Current Principal Place of Business:

4902 COMMERCE STREET
PORT TAMPA CITY, FL 33616

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 19067
TAMPA, FL 33686

New Mailing Address:

FEI Number: 05-0532843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESSER, MARIA
6709 S. WALL STREET
TAMPA, FL 33616 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: CHESSER, MARIA
Address: 6709 WALL STREET
City-St-Zip: TAMPA, FL 33616

Title: VD () Delete
Name: HARRIS, AMY
Address: 6312 S. RENELLIE COURT
City-St-Zip: TAMPA, FL 33616

Title: TD () Delete
Name: MALZONE, CHRISTINE
Address: 6835 S. SHAMROCK STREET
City-St-Zip: TAMPA, FL 33616

Title: SD () Delete
Name: HARRISON, SUNNYE
Address: 6815 S TRASK ST
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: HAMRICK, MARGARET
Address: 4718 IDAHO
City-St-Zip: TAMPA, FL 33616

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTINE MALZONE

TD

04/15/2005

Electronic Signature of Signing Officer or Director

Date