


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90457 025 \*\*\*\*61.25

**DOCUMENT # N03000006143**  
 1. Entity Name  
**YWCA OF TAMPA BAY FOUNDATION, INC.**



Principal Place of Business  
**655 2ND AVE. SOUTH  
 ST. PETERSBURG, FL 33701-4103**

Mailing Address  
**655 2ND AVE. SOUTH  
 ST. PETERSBURG, FL 33701-4103**

66422768



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

04182004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**64-2120251** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MILLS, PEGGY S  
 655 2ND AVE. SOUTH  
 ST. PETERSBURG, FL 33701-4103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CUTLIFF, YATE	
STREET ADDRESS	301 42ND ST. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMALIN, KANIKA J	
STREET ADDRESS	7090 21ST ST. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSEN, CARLEN	
STREET ADDRESS	2582 ANDERSON DR. WEST	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUNZALAN, ALIZZA	
STREET ADDRESS	626 31ST AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKYRME, PAMELA	
STREET ADDRESS	109 N. LINCOLN AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETTY, MARTY	
STREET ADDRESS	5933 SEABID DR. SOUTH	
CITY-ST-ZIP	GULFPORT, FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_  
Signature and typed or printed name of signing officer or director

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_