

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002943

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** TAMPA BAY/WEST CENTRAL FLORIDA CHAPTER OF TOP LADIES OF DISTINCTION, INC.

**Current Principal Place of Business:**

2810 RIPPS COLONY DR SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

10368 HERON WAY  
TAMPA, FL 33625

**Current Mailing Address:**

PO BOX 530085  
SAINT PETERSBURG, FL 33747

**New Mailing Address:**

FEI Number: 54-2148618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NESBITT, NAOMI  
2810 KIPPS COLONY DRIVE  
GULFPORT, FL 33707      US

**Name and Address of New Registered Agent:**

CRAMMONDT, FLORINNE  
10368 HERON WAY.  
TAMPA, FL 33625      US

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: FLORINNE CRAMMOND

05/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: NESBITT, NAOMI L  
Address: 2810 RIPPS COLONY DR SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: V      ( ) Delete  
Name: ROBINSON-AYERS, SELMA  
Address: 6295 BAHIA DELMAR CIR #307  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: T      ( ) Delete  
Name: FAISON, ANNETTE  
Address: 11118 MACRAE AVENUE  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: CRAMMOND, FLORINNE  
Address: 10368 HERON WAY  
City-St-Zip: TAMPA, FL 33625

Title: V      (X) Change ( ) Addition  
Name: FRAZER-WOODS, DAWNNETTE  
Address: 10725 NAVIGATION DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: T      (X) Change ( ) Addition  
Name: COTTMAN, LORETTA  
Address: 4604 ASHMORE PLACE  
City-St-Zip: TAMPA, FL 33610

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: FLORINNE CRAMMOND

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date