2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N04000002943

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

Current Principal Place of Business:

10368 HERON WAY
TAMPA, FL 33625

New Principal Place of Business:

6261 ASHBURY PALMS DR
TAMPA, FL 33647

Current Mailing Address:

PO BOX 76536
TAMPA, FL 336751536

New Mailing Address:

FEI Number: 54-2148618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CRAMMOND, FLORINNE
6261 ASHBURY PALM DR
TAMPA, FL 33647 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: _____ 02/05/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CRAMMOND, FLORINNE
Address: 6261 ASHBURY PALM DR
City-St-Zip: TAMPA, FL 33647

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

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: FLORINE CRAMMOND P 02/05/2008
Electronic Signature of Signing Officer or Director — Date