

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002943

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

6261 ASHBURY PALMS DR
TAMPA, FL 33647

New Principal Place of Business:

10725 NAVIGATION DRIVE
RIVERVIEW, FL 33579 US

Current Mailing Address:

PO BOX 76536
TAMPA, FL 336751536

New Mailing Address:

PO BOX 76536
TAMPA, FL 336751536 US

FEI Number: 54-2148618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRAMMOND, FLORINNE
6261 ASHBURY PALM DR
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

COTTMAN, LORRETTA M TREAS
4604 ASHMORE PLACE
TAMPA, FL 336106823 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: LORRETTA M. COTTMAN, TREASURER

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRAZER-WOODS, DAWNNETTE A PRES
Address: 10725 NAVIGATION DR.
City-St-Zip: RIVERVIEW, FL 33579 US

Title: V (X) Change () Addition
Name: MILLER, JEAN R V-PRES
Address: 2715 GOLF HEIGHTS CIRCLE
City-St-Zip: VALRICO, FL 33594 US

Title: T (X) Change () Addition
Name: COTTMAN, LORRETTA M TREAS
Address: 4604 ASHMORE PLACE
City-St-Zip: TAMPA, FL 336106823 US

Title: ORN () Change (X) Addition
Name: FRAZER, CHRISTINE H ORN
Address: 11226 ANDY DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

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: LORRETTA M. COTTMAN

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date