

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002943

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10725 NAVIGATION DRIVE  
RIVERVIEW, FL 33579 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 76536  
TAMPA, FL 336751536 US

**New Mailing Address:**

**FEI Number:** 54-2148618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COTTMAN, LORRETTA M TREAS  
4604 ASHMORE PLACE  
TAMPA, FL 336106823 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  
Name: FRAZER-WOODS, DAWNETTE A PRES  
Address: 10725 NAVIGATION DR.  
City-St-Zip: RIVERVIEW, FL 33579 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LORRETTA M. COTTMAN

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04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date