

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006889

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: SOME OF MY BEST FRIENDS, WOMEN'S RESOURCE CENTER OF TAMPA BAY, INC.

**Current Principal Place of Business:**

5325 GRAND BLVD.  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5325 GRAND BLVD.  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 59-3809483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAULLIN, JENNIFER S.  
5325 GRAND BLVD.  
NEW PORT RICHEY, FL 34652 US

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

THIBODEAUX, CRYSTAL L  
3335 ELFERS PKWY  
NEW PORT RICHEY, FL 34655 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: CRYSTAL L THIBODEAUX

01/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: STALLARD, SUSAN  
Address: 5325 GRAND BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PRES ( ) Delete  
Name: DENNIE, LYNN  
Address: 5325 GRAND BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP ( ) Delete  
Name: PETERSEN, PEG  
Address: 5325 GRAND BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: RA ( ) Delete  
Name: PAULLIN, JENNIFER S.  
Address: 5325 GRAND BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SEC. ( ) Delete  
Name: BUHOLTZ, MARLEANE  
Address: 5325 GRAND BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

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

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

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

Title: TR (X) Change ( ) Addition  
Name: THIBODEAUX, CRYSTAL L  
Address: 5325 GRAND BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CRYSTAL L THIBODEAUX

TR

01/16/2007

Electronic Signature of Signing Officer or Director

Date