2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# N05000006889

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:

7011 CASTANEA DRIVE
PORT RICHEY, FL 34668

Current Mailing Address:

5325 GRAND BLVD.
NEW PORT RICHEY, FL 34652

New Mailing Address:

POB 1365
PORT RICHEY, FL 34673

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STALLARD, SUSAN L
7011 CASTANEA DRIVE
PORT RICHEY, FL 34668 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: SUSAN STALLARD 04/26/2008
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: TR (X) Delete
Name: THIBODEAUX, CRYSTAL L
Address: 5325 GRAND BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34652

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: STALLARD, SUSAN
Address: 7011 CASTANEA DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: VP (X) Change ( ) Addition
Name: LOPINTO, ANNIE
Address: 7011 CASTANEA DR
City-St-Zip: PORT RICHEY, FL 34668

Title: SEC (X) Change ( ) Addition
Name: BYRNES, LAURA
Address: 7011 CASTANEA DR
City-St-Zip: PORT RICHEY, FL 34668

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: SUSAN STALLARD ED 04/26/2008
Electronic Signature of Signing Officer or Director Date