

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006889

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

7011 CASTANEA DRIVE
PORT RICHEY, FL 34668

New Principal Place of Business:

4114 TONGA LANE
STE. 3B
NEW PORT RICHEY, FL 34653

Current Mailing Address:

POB 1365
PORT RICHEY, FL 34673

New Mailing Address:

4114 TONGA LANE
STE. 3B
NEW PORT RICHEY, FL 34653

FEI Number: 59-3809483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STALLARD, SUSAN L
7011 CASTANEA DRIVE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

STALLARD, SUSAN L
4114 TONGA LANE
STE. 3B
NEW PORT RICHEY, FL 34653 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

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STALLARD, SUSAN
Address: 4114 TONGA LANE, 3B
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP (X) Change () Addition
Name: SNYDER, SUZANNE
Address: 4114 TONGA LANE, 3B
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SEC (X) Change () Addition
Name: BYRNES, LAURA
Address: 4114 TONGA LANE, STE. 3B
City-St-Zip: NEW PORT RICHEY, FL 34653

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

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date