

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002869

FILED
Jan 13, 2008
Secretary of State

Entity Name: WEST TAMPA WOMEN 63-66, INC.

Current Principal Place of Business:

3311 W. DOUGLAS ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3311 W. DOUGLAS ST
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-8636020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, JANICE V
4809 SAN PABLO PL
TAMPA, FL 33634 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: P () Delete
Name: STRICKLAND, EDEE
Address: 3311 W. DOUGLAS ST
City-St-Zip: TAMPA, FL 33607

Title: V () Delete
Name: BARNES, JANICE V
Address: 3311 W. DOUGLAS ST
City-St-Zip: TAMPA, FL 33607

Title: ST () Delete
Name: ACTON, VALERIE
Address: 3311 W. DOUGLAS ST
City-St-Zip: TAMPA, FL 33607

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: BARNES, JANICE V
Address: 4809 SAN PABLO PL
City-St-Zip: TAMPA, FL 33634

Title: T (X) Change () Addition
Name: ACTON, VALERIE
Address: 20328 LAKES EDGE LANE
City-St-Zip: LUTZ, FL 33549

Title: S () Change (X) Addition
Name: PINEDA, GLORIA V
Address: 13544 LAK MAGDALENE DR
City-St-Zip: TAMPA, FL 33613

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: EDEE STRICKLAND

PRES

01/13/2008

Electronic Signature of Signing Officer or Director

Date