



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N20961 1. Entity Name TAMPA MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INCORPORATED	
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Principal Place of Business 1502 W. SLIGH AVE. TAMPA, FL 33604	Mailing Address 1502 W. SLIGH AVE. TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE

	
02052005 No Chg-NP	CR2E037 (10/03)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PUTNEY, LOU 4805 S. HIMES AVE. TAMPA, FL 33611	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOCUM, CECILIA 5023 E. 110TH AVENUE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFE, BARBARA 17920 BURNSIDE ROAD LUTZ, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARD, BEVERLY 13705 LAZY OAK DR TAMPA, FL 336134923
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUTNEY, KAREN 2613 W. WATROUS AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/2/05	813/253-3244
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>