


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20961</b>	
1. Entity Name <b>TAMPA MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INCORPORATED</b>	

Principal Place of Business <b>1502 W. SLIGH AVE. TAMPA, FL 33604</b>	Mailing Address <b>1502 W. SLIGH AVE. TAMPA, FL 33604</b>
--	--

**DO NOT WRITE IN THIS SPACE**



03042006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
---	---

6. Name and Address of Current Registered Agent  <b>PUTNEY, LOU 4805 S. HIMES AVE. TAMPA, FL 33611</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 KAREN PUTNEY, CLERK 3/5/06  
Signature, typed or printed name of registered agent and not if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

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	

1000000465226  
03/22/06-80021-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Putney 3-5-06 813/53-3244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #