

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 040 ****61.25

DOCUMENT # N20961

1. Entity Name
**TAMPA MONTHLY MEETING OF THE RELIGIOUS
SOCIETY OF FRIENDS, INCORPORATED**



Principal Place of Business

**1502 W. SLIGH AVE.
TAMPA, FL 33604**

Mailing Address

**1502 W. SLIGH AVE.
TAMPA, FL 33604**

DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Acquired Fee
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PUTNEY, LOU
3825 HENDERSON BLVD. SUITE 307
TAMPA, FL 33629

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YOCUM, CECILIA
STREET ADDRESS	5023 E. 110TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	WOLFE, BARBARA
STREET ADDRESS	17920 BURNSIDE ROAD
CITY-ST-ZIP	LUTZ, FL
TITLE	D
NAME	WILKINS, NIL
STREET ADDRESS	16706 ROLLING ROCK DRIVE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	PUTNEY, KAREN
STREET ADDRESS	2613 W. WATROUS AVE.
CITY-ST-ZIP	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Blackburn* **THOMAS BLACKBURN** **JAN 7, 2008** **813 854 2962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Treasurer* Date Daytime Phone #