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Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42964 (9)

1. Corporation Name

SOPHISTICATED LADIES OF TAMPA BAY, INC.



Principal Place of Business

Mailing Address

% SELPHENIA HUDSON
2118 E. CARACAS ST.
TAMPA FL 33610-5027

% SELPHENIA HUDSON
2118 E. CARACAS ST.
TAMPA FL 33610-5027

3. Date Incorporated or Qualified
04/15/1991

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 % Selphenia Hudson
Suite, Apt. #, etc.
22 2118 E. CARACAS ST.
City & State
23 TAMPA, FL

26 2118 E. CARACAS ST
Suite, Apt. #, etc.
27 TAMPA
City & State
28 TAMPA, FL

4. FEI Number

59-3095954

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24 33610-5027

25 Hillsborough

29 33610-5027

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, SELPHENIA
2118 E. CARACAS ST.
TAMPA FL 33610-5027

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Selphenia Hudson

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

Selphenia Hudson

(NOTE: Registered Agent signature required when reinstating)

4/4/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME HUDSON, SELPHENIA
STREET ADDRESS % 2118 E. CARACAS ST.
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME BLOOM, JOYCE
STREET ADDRESS 8801 NORTH 14TH ST
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME CLEGGETT, ROSETTA
STREET ADDRESS 701 N. CASTLE CT.
CITY-ST-ZIP TAMPA FL 33612

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME SHEEHY, CAROLYN
STREET ADDRESS 3906 STATE STREET
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME INGRAM, THELMA
STREET ADDRESS 7438 OAK VISTA CIRCLE
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Vice President
5.3 STREET ADDRESS INGRAM, THELMA
5.4 CITY-ST-ZIP 7232 Hammett Rd.
TAMPA, FL 33647

TITLE V ☐ DELETE
NAME WILLIAMS, WILLIE MAE
STREET ADDRESS 4213 LAUREL ST
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Selphenia Hudson Selphenia Hudson 4/1/97 (912) 871 2198

CR2E037 (9/96)