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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

2118 E CARACAS ST  
TAMPA FL 33610-5027  
US

3. Date Incorporated or Qualified

04/15/1991

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

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DP  
HUDSON, SELPHENIA  
% 2118 E. CARACAS ST.  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DS  
BLOOM, JOYCE  
8801 NORTH 14TH ST  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DT  
CLEGGETT, ROSETTA  
701 N. CASTLE CT.  
TAMPA FL 33612

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DS  
SHEEHY, CAROLYN  
3908 STATE STREET  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
INGHRAM, THELMA  
7232 HAMMETT RD  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
WILLIAMS, WILLIE MAE  
4213 LAUREL ST  
TAMPA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 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.

SIGNATURE:

SELPHENIA HUDSON Selphemia Hudson 3/13/98

CR2E037 (1097)