


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

1. Entity Name SOPHISTICATED LADIES OF TAMPA BAY, INC.	
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Principal Place of Business % HUDSON, SELPHENIA 8407 BARETT PLACE TAMPA, FL 33617 US	Mailing Address % HUDSON, SELPHENIA 8407 BARETT PLACE TAMPA, FL 33617 US
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DO NOT WRITE IN THIS SPACE



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4. FEI Number 59-3095954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 B 104 m-2 L U.S. - 9.4

5. Name and Address of Current Registered Agent  HUDSON, SELPHENIA 8407 BARRETT PLACE TAMPA, FL 33617	<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: *Selphenia Hudson* DATE: 03/23/2005

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 0.88 B 104 14 ± 0.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP HUDSON, SELPHENIA 8407 BARNETT PLACE TAMPA, FL 33617	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS BLOOM, JOYCE 8801 NORTH 14TH ST TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT JOHNSON, PAULA 314 W COLUMBUS DRIVE TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS SHEEHY, CAROLYN 3906 STATE STREET TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP WILLIAMS, WILLIE M 4213 LAUREL STREET TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V DUHART, ELLEN J 703 OAKHURTS #108 TAMPA, FL 33606	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Selphenia Hudson* 03/23/2005 (813) 871-7698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #