

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42964

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** SOPHISTICATED LADIES OF TAMPA BAY, INC.

**Current Principal Place of Business:**

% HUDSON, SELPHENIA  
8407 BARETT PLACE  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

% HUDSON, SELPHENIA  
8407 BARETT PLACE  
TAMPA, FL 33617 US

**New Mailing Address:**

**FEI Number:** 59-3095954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUDSON, SELPHENIA  
8407 BARRETT PLACE  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HUDSON, SELPHENIA  
Address: 8407 BARNETT PLACE  
City-St-Zip: TAMPA, FL 33617

Title: DS ( ) Delete  
Name: BLOOM, JOYCE TREA.  
Address: 8801 NORTH 14TH ST  
City-St-Zip: TAMPA, FL 33604

Title: DT ( ) Delete  
Name: HAMMOND, CONSTANCE F. SECT  
Address: 701 W. GREEN STREET  
City-St-Zip: TAMPA, FL 33607

Title: DS ( ) Delete  
Name: SHEEHY, CAROLYN R. SECT  
Address: 3906 STATE STREET  
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete  
Name: WILLIAMS, WILLIE M  
Address: 4213 LAUREL STREET  
City-St-Zip: TAMPA, FL 33607

Title: V ( ) Delete  
Name: DUHART, ELLEN J  
Address: 703 OAKHURTS #108  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SELPHENIA HUDSON

DP

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date