

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42964

FILED
May 04, 2008
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HUDSON, SELPHENIA
8407 BARRETT PLACE
TAMPA, FL 33617 US

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 (X) 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

PRES

05/04/2008

Electronic Signature of Signing Officer or Director

Date