2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90048 045 ****61.25

DOCUMENT # N44318

1. Entity Name
HILLSBOROUGH ASSOCIATION FOR WOMEN LAWYERS, INC.

40023380

Principal Place of Business	Mailing Address
112 SOUTH ARMENIA AVENUE TAMPA, FL 33609 US	112 SOUTH ARMENIA AVENUE TAMPA, FL 33609 US

02222007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
202 S. ROME AVE.	P.O. BOX 173565
Suite, Apt. #, etc.: STE. 100	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33606 Country: HILLS.	Zip: 33672 Country: HILLS.

4. FEI Number 59-3115398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGER, AMY 202 S. ROME AVENUE, SUITE 100 TAMPA, FL 33606	Name: DANIEL, HELENE Street Address (P.O. Box Number is Not Acceptable): 505 E. JACKSON ST. STE. 302 City: TAMPA FL Zip Code: 33602

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: _____ DATE: 2/22/07
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	DENNIS, SARAH H		NAME	SINGER, AMY	
STREET ADDRESS	401 E. JACKSON STREET, SUITE 1700		STREET ADDRESS	202 S. ROME AVE., #100	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	PED	☐ Delete	TITLE	PED	☒ Change ☐ Addition
NAME	SINGER, AMY		NAME	DANIEL, HELENE L.	
STREET ADDRESS	202 S. ROME AVENUE, SUITE 100		STREET ADDRESS	505 E. JACKSON ST., #302	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	DANIEL, HELENE		NAME	NURSE, KRISTIN	
STREET ADDRESS	4003 CANENON LANE		STREET ADDRESS	1700 N. TAMPA ST., #300	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	YANG, GRACE		NAME	GIERBOLINI, LIZ	
STREET ADDRESS	201 N. FRANKLIN STREET, SUITE 2200		STREET ADDRESS	201 E. KENNEDY BLVD., #850	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	SD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	PROBASCO, ELLIE		NAME	CHANFRAU, KELLY	
STREET ADDRESS	202 S. ROME AVENUE, SUITE 100		STREET ADDRESS	101 E. KENNEDY BLVD., #900	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	PERRY, KAMILAH		NAME	PROBASCO, ELLIE	
STREET ADDRESS	P.O. BOX 3239		STREET ADDRESS	202 S. ROME AVE., #100	
CITY-ST-ZIP	TAMPA, FL 33601		CITY-ST-ZIP	TAMPA, FL 33606	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 2/22/07 (813)223-5351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #