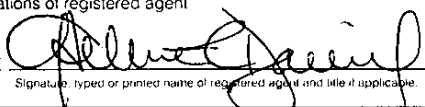
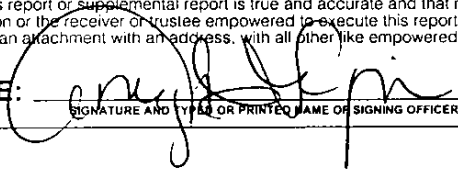


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 112 SOUTH ARMENIA AVENUE TAMPA, FL 33609 US			Mailing Address 112 SOUTH ARMENIA AVENUE TAMPA, FL 33609 US		
2. Principal Place of Business - No P.O. Box # 202 S. ROME AVE.		3. Mailing Address P.O. BOX 173565			
Suite, Apt. #, etc. STE. 100		Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3115398	
Zip 33606		Country HILLS.		Zip 33672	
Country HILLS.		Country HILLS.			
6. Name and Address of Current Registered Agent SINGER, AMY 202 S. ROME AVENUE, SUITE 100 TAMPA, FL 33606				7. Name and Address of New Registered Agent Name DANIEL, HELENE Street Address (P.O. Box Number is Not Acceptable) 505 E. JACKSON ST. STE. 302 City TAMPA	
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  Signature, typed or printed name of registered agent and title if applicable. 2/22/07 DATE					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS, SARAH H 401 E. JACKSON STREET, SUITE 1700 TAMPA, FL 33602	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGER, AMY 202 S. ROME AVE., #100 TAMPA, FL 33606
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SINGER, AMY 202 S. ROME AVENUE, SUITE 100 TAMPA, FL 33606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED DANIEL, HELENE L. 505 E. JACKSON ST., #302 TAMPA, FL 33602
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIEL, HELENE 4003 CANENON LANE VALRICO, FL 33594	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NURSE, KRISTIN 1700 N. TAMPA ST., #300 TAMPA, FL 33602
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YANG, GRACE 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIERBOLINI, LIZ 201 E. KENNEDY BLVD., #850 TAMPA, FL 33602
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROBASCO, ELLIE 202 S. ROME AVENUE, SUITE 100 TAMPA, FL 33606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHANFRAN, KELLY 101 E. KENNEDY BLVD., #900 TAMPA, FL 33602
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, KAMILAH P.O. BOX 3239 TAMPA, FL 33601	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PROBASCO, ELLIE 202 S. ROME AVE., #100 TAMPA, FL 33606
				☒ Change ☐ Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/22/07 Date (813) 223-5351 Daytime Phone #					

40023380



02222007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

Name
DANIEL, HELENE
Street Address (P.O. Box Number is Not Acceptable)
505 E. JACKSON ST.
STE. 302
City
TAMPA FL Zip Code
33602

**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

TITLE	PD	☐ Delete
NAME	DENNIS, SARAH H	
STREET ADDRESS	401 E. JACKSON STREET, SUITE 1700	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	PED	☐ Delete
NAME	SINGER, AMY	
STREET ADDRESS	202 S. ROME AVENUE, SUITE 100	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VD	☐ Delete
NAME	DANIEL, HELENE	
STREET ADDRESS	4003 CANENON LANE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VD	☐ Delete
NAME	YANG, GRACE	
STREET ADDRESS	201 N. FRANKLIN STREET, SUITE 2200	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	SD	☐ Delete
NAME	PROBASCO, ELLIE	
STREET ADDRESS	202 S. ROME AVENUE, SUITE 100	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	TD	☐ Delete
NAME	PERRY, KAMILAH	
STREET ADDRESS	P.O. BOX 3239	
CITY-ST-ZIP	TAMPA, FL 33601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	SINGER, AMY	
STREET ADDRESS	202 S. ROME AVE., #100	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	PED	☒ Change ☐ Addition
NAME	DANIEL, HELENE L.	
STREET ADDRESS	505 E. JACKSON ST., #302	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VD	☒ Change ☐ Addition
NAME	NURSE, KRISTIN	
STREET ADDRESS	1700 N. TAMPA ST., #300	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VD	☒ Change ☐ Addition
NAME	GIERBOLINI, LIZ	
STREET ADDRESS	201 E. KENNEDY BLVD., #850	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	SD	☒ Change ☐ Addition
NAME	CHANFRAN, KELLY	
STREET ADDRESS	101 E. KENNEDY BLVD., #900	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	TD	☒ Change ☐ Addition
NAME	PROBASCO, ELLIE	
STREET ADDRESS	202 S. ROME AVE., #100	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #