

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90005 036 ****61.25

DOCUMENT # N46596

1. Entity Name

DOWNTOWN TAMPA BPW FOUNDATION, INC.



Principal Place of Business

P.O. BOX 1595
TAMPA FL 33601
US

Mailing Address

4707 CHEROKEE ROAD
TAMPA FL 33629
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3146899

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

MULDER, SANDRA
4707 CHEROKEE RD
TAMPA FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 VPD ☐ Delete
NAME STRAIT, DELORES
STREET ADDRESS 210 N TAYLOR RD
CITY-ST-ZIP SEFFNER FL

TITLE SD ☐ Delete
NAME DALTON, SUZANNE
STREET ADDRESS 8822 MORAN LANE
CITY-ST-ZIP TAMPA FL 33635

TITLE PD ☐ Delete
NAME MAXIE, CINDY
STREET ADDRESS 3635 COLD CREEK DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ Delete
NAME BILLINGS, JOANNE
STREET ADDRESS P.O. BOX 1498
CITY-ST-ZIP TAMPA FL 33601

TITLE D ☐ Delete
NAME BROYLES, EDNA
STREET ADDRESS 3310 WESTMORELAND DRIVE
CITY-ST-ZIP TAMPA FL 33618

TITLE TD ☐ Delete
NAME MULDER, SANDRA
STREET ADDRESS 4707 CHEROKEE RD
CITY-ST-ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra Mulder* **SANDRA MULDER, TREAS.** **5-1-04 813-837**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **6325**