

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90022 038 ****61.25

DOCUMENT # N46596 1. Entity Name DOWNTOWN TAMPA BPW FOUNDATION, INC.					
Principal Place of Business POB 2595 TAMPA, FL 33601 US				Mailing Address 4707 CHEROKEE ROAD TAMPA, FL 33629 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3146899	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOHLER, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAIT, DELORES		NAME	DOLGRES STRAIT	
STREET ADDRESS	210 N TAYLOR RD		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALTON, SUZANNE		NAME		
STREET ADDRESS	8822 MORAN LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXIE, CINDY		NAME		
STREET ADDRESS	3635 COLD CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAHMAN, SHEERIN		NAME		
STREET ADDRESS	4129 W. KENNEDY BLVD STE 2		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOHLER, SANDRA		NAME		
STREET ADDRESS	4707 CHEROKEE RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VARRIEUR, CARRIE		NAME		
STREET ADDRESS	3113 W. WALLCRAFT AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
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: <u>Sandra Mohler SANDRA MOHLER 3-21-08 813-837-6325</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					