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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49033 (6)

1. Corporation Name

THE WESTSHORE MIDDAY BUSINESS AND PROFESSIONAL W OMEN'S CLUB OF TAMPA FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 20003 TAMPA FL 33622	P.O. BOX 20003 TAMPA FL 33622-0003

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3308883 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WERNER, DEBORAH LARNED
3804 NORTH B STREET
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HARRIS, SALLY H		1.2 NAME	Suzanne Ebbert	
STREET ADDRESS	6204 INTERBAY BLVD		1.3 STREET ADDRESS	337 S. Plant Ave	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa FL 33606	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BERRY, JACKIE		2.2 NAME	Cynthia Cummings	
STREET ADDRESS	415 S GREEN ARBOR		2.3 STREET ADDRESS	4300 W Cypress St Ste 500	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	Tampa FL 33607	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	NAGLE, KAREN		3.2 NAME	Vicky Knerly	
STREET ADDRESS	4920 W CYPRESS STREET		3.3 STREET ADDRESS	6421 Eldorado Dr	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa FL 33615	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	GILLIS, PATRICIA A		4.2 NAME	Beverly Cartee	
STREET ADDRESS	8716 COBBLESTONE DRIVE		4.3 STREET ADDRESS	5118 N 56th St. Ste 105	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa FL 33610	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beverly Cartee 4-8-97 813 626-4758