

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

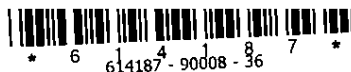
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Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 036 ****61.25

DOCUMENT # N49033

Corporation Name

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



Principal Place of Business

P.O. BOX 20003
TAMPA FL 33622

Mailing Address

P.O. BOX 20003
TAMPA FL 33622

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/22/1992
City & State	City & State	4. FEI Number
Zip	Zip	59-3308883
Country	Country	Applied For
25	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

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 LYDIA M. NICOSIA
82 Street Address (P.O. Box Number is Not Acceptable)
600 North Westshore Blvd., Ste 200
83 Tampa
84 City
FL 85 Zip Code 33611

I, 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 Lydia M. Nicosia, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD CARILLO, DONNA 1 N DALE MABRY STE. 1100 TAMPA FL 33609	1.1 TITLE	P Lysa Riggs
ME		1.2 NAME	1127 Shipwatch Circle
REET ADDRESS		1.3 STREET ADDRESS	Tampa, FL 33602
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	VD BROWN, SHIRLEY 8923 MAGNOLIA CHASE CIR. TAMPA FL 33647	2.1 TITLE	
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	VD BARRY, JACKIE 1221 N FLORIDA AVE STE B TAMPA FL 33602	3.1 TITLE	
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	TD RIGGS, LYSA 1127 SHIPWATCH CIR TAMPA FL 33602	4.1 TITLE	T LYDIA NICOSIA
ME		4.2 NAME	600 N. Westshore Blvd., Ste 200
REET ADDRESS		4.3 STREET ADDRESS	Tampa, FL 33611
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I, 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/99 (813) 289-1247
Date Daytime Phone #

CR2E037 (5/99)