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).

FILED
Sep 10, 1999 8:00 am
Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N49033

Corporation Name

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

614187 - 90008 - 36

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

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
	26	05/22/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3308883 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
25	29 30	

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 City: Tampa
84 City: FL 85 Zip Code: 33611

1. 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 — DATE: 9/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

CR2E037 (5/99)

4. 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: Lydia M. Nicosia — 9/7/99 — (813)289-1247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #