

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90056 008 ****61.25

DOCUMENT # N49033

1. Entity Name

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



Principal Place of Business

Mailing Address

**THE URBAN CENTRE
1213 SOUTH WESTSHORE BLVD.
TAMPA FL 33609**

**P.O. BOX 20003
TAMPA FL 33622**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3308883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE CR2E037 (10/06)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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: VD
NAME: DRAWDY, CELIA
STREET ADDRESS: 4301 HARBOR HOUSE DR.
CITY-ST-ZIP: TAMPA FL 33615 ☐ Delete

TITLE: PD
NAME: COBURN, DENISE
STREET ADDRESS: 3804 N. B STREET
CITY-ST-ZIP: TAMPA FL 33609 ☒ Delete

TITLE: TD
NAME: MOHLER, SANDRA
STREET ADDRESS: PO BOX 320935
CITY-ST-ZIP: TAMPA FL 33679 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PD
NAME: ARGERIOUS, CINDY
STREET ADDRESS: 4253 W. KENNEDY BLVD.
CITY-ST-ZIP: TAMPA, FL 33609 ☒ Change ☐ Addition

TITLE: TD
NAME: GONZALEZ, HEATHER
STREET ADDRESS: 2801 W. BUSCH BLVD.
CITY-ST-ZIP: TAMPA, FL 33618 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cindy Argerious
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07 (813) 289-2727
Date Daytime Phone #