

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90206 009 \*\*\*\*61.25

**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**

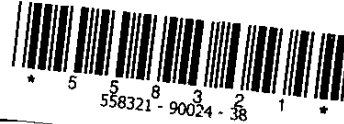


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004468

1. Corporation Name

CARROLLWOOD BPW FOUNDATION, INC.



|   |  |
|---|--|
| Principal Place of Business                               | Mailing Address  |
| c/o Elaine Kaufman<br>18069 Sailfish Dr.<br>Lutz FL 33549 | c/o Elaine Kaufman<br>18069 Sailfish Dr.<br>Lutz FL 33549-7771 |

|                                |                        |  |  |   |  |
|--------------------------------|------------------------|--|--|---|--|
| 2. Principal Place of Business |                        | 2a. Mailing Address  |  | 3. Date Incorporated or Qualified<br>09/15/1995 |  |
| 21 Suite, Apt. #, etc.         | 28 Suite, Apt. #, etc. | 4. FEI Number<br>59-3339545  |  | Applied For<br>Not Applicable                   |  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required                  |  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                     |  |
| 24 Country                     | 29 Country             | 30   |  |   |  |

## 9. Name and Address of Current Registered Agent

Ann Marie Brown  
 5539 Avenue Du Soleil  
 Lutz FL 33549

## 10. Name and Address of New Registered Agent

|   |                      |
|---|----------------------|
| 81 Name   | Elaine Kaufman       |
| 82 Street Address (P.O. Box Number Is Not Acceptable) | 18069 Sailfish Drive |
| 83  |                      |
| 84 City   | Lutz                 |
| 85 FL   | 33549                |

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

Elaine Kaufman, President

(NOTE: Registered Agent signature required when reinstating)

5/11/99

## 12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> DELETE |
| NAME           | Elaine Kaufman, Elaine   |                                 |
| STREET ADDRESS | 18069 Sailfish Drive     |                                 |
| CITY-ST-ZIP    | Lutz FL 33549            |                                 |
| TITLE          | VD                       | <input type="checkbox"/> DELETE |
| NAME           | Jamai, Diane             |                                 |
| STREET ADDRESS | 11706 Forest Hills Drive |                                 |
| CITY-ST-ZIP    | Tampa FL 33612           |                                 |
| TITLE          | SD                       | <input type="checkbox"/> DELETE |
| NAME           | Scallia, Pat             |                                 |
| STREET ADDRESS | 5913 Taywood Drive       |                                 |
| CITY-ST-ZIP    | Tampa FL 33624           |                                 |
| TITLE          | TD                       | <input type="checkbox"/> DELETE |
| NAME           | Phillips, Michele        |                                 |
| STREET ADDRESS | 5503 Pentail Circle      |                                 |
| CITY-ST-ZIP    | Tampa FL 33625           |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. 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: Elaine Kaufman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

727-372-6663

est 1233

CR2E037 (1/98)