

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90029 044 ****61.25

DOCUMENT # N95000004468

1. Entity Name
CARROLLWOOD BPW FOUNDATION, INC.



Principal Place of Business
**19210 SEAMIST LANE
LUTZ, FL 33549 US**

Mailing Address
**19210 SEAMIST LANE
LUTZ, FL 33549 US**

50017607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3339545

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUFMAN, ELAINE
19210 SEAMIST LANE
LUTZ, FL 33549**

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

**Filing Fee Is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KAUFMAN, ELAINE
STREET ADDRESS 19210 SEAMIST LANE
CITY-ST-ZIP LUTZ, FL 33549 ☒ Delete

TITLE PD
NAME MADELINE SHOEMAKER
STREET ADDRESS 16255 NORTHDAL OAKS DRIVE
CITY-ST-ZIP TAMPA FL 33624 ☐ Change ☒ Addition

TITLE VD
NAME REHFELT, CAROL
STREET ADDRESS 5202 RAWLS ROAD
CITY-ST-ZIP TAMPA, FL 33624 ☒ Delete

TITLE VD
NAME ANN MARIE BROWN
STREET ADDRESS 5539 AVENUE DU SOLEIL
CITY-ST-ZIP LUTZ FL 33549 ☐ Change ☒ Addition

TITLE TD
NAME PHILLIPS, MICHELE
STREET ADDRESS 5503 PENTAIL CIRCLE
CITY-ST-ZIP TAMPA, FL 33625 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE SD
NAME O'LEARY, LINDA
STREET ADDRESS 14930 DEVONSHIRE WOODS PL
CITY-ST-ZIP TAMPA, FL 33624 ☒ Delete

TITLE SD
NAME DIANE JAMAI
STREET ADDRESS 11706 FOREST HILLS DRIVE
CITY-ST-ZIP TAMPA FL 33612 ☐ Change ☒ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

12. 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 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: *Michele S. Phillips* MICHELE S. PHILLIPS 2/18/05 813-254-9140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #