

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004468

FILED
Jul 12, 2006
Secretary of State

Entity Name: CARROLLWOOD BPW FOUNDATION, INC.

Current Principal Place of Business:

19210 SEAMIST LANE
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

19210 SEAMIST LANE
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-3339545 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KAUFMAN, ELAINE
19210 SEAMIST LANE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHOEMAKER, MADELINE
Address: 16255 NORTHDAL DRIVE
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: BROWN, ANN MARIE
Address: 5539 AVENUE DU SOLEIL
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: PHILLIPS, MICHELE
Address: 5503 PENTAIL CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: SD () Delete
Name: JAMAI, DIANE
Address: 11706 FOREST HILLS DRIVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE S. PHILLIPS

TD

07/12/2006

Electronic Signature of Signing Officer or Director

Date