FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>, 1998</u>

DOCUMENT #

N9700000149 (1)

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS - TAMPA BAY, INC.

FILED Apr 13 1998 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address				
C/O OLDE BUT GOODE. INC. 3837 N DALE BLVD #106 106 W CONNIE AVE TAMPA FL 33624				3. Date Incorporated or Qualified		
				01/13/1997		
TAMPA FL 3361	3				4. FEI Number Applied For	
					4. FEI Number Applied For 59-3444052 Not Applied For	
2. Principal P	lace of Business	2a. Mailing Address			- ¢0.75 Additional	
21		26			5. Certificate of Status Desired Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & State	e	City & State			7. Is this nonprofit corporation a homeowners association?	
23	Covetes	28	Cour	stor	☐ Yes ☐ No	
Zip	Country	Zip	Cour	itry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	9. Name and Address of Currer		30		10. Name and Address of New Registered Agent	
	p. Hallio Bild Address of Culter	it tropieteren regent		81 Name	TO, TIME OF THE PROPERTY OF TH	
,,,=,, ,	4.4.475.4			,,,,,,,,,		
	KLEIN, MAURA			82 Street	Address (P.O. Box Number is Not Acceptable)	
C/O LEADER FINANCIAL CORPORATION		ŀ	B3			
	INDING OAK CT, SUITE A					
IAMPA	FL 33612			B4 City	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 617 050	12 and 617 1508. Florida Statute	s the ab	ove-named		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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.						
agent. Lam tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1,1 (1)	LE	Change Addition	
NAME	Sanstead, Katie		1.2 NA	ME		
STREET ADDRESS	C/O OLDE BUT GOODE, INC.	106 W CONNIE AVE	1.3 STF	REET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33818		1.4 CIT	Y-ST-ZIP		
TITLE	VD	X DELETE	2.1 T(T	LE	✓ D Change 🔀 Addition	
NAME	Varriale, cozette		2.2 NA	ME	Roper, Diane	
STREET ADDRESS	11266 W HILLSBOROUGH AV	/E #290	2.3 ST	REET ADDRESS	PO BOX 16007 (N/A)	
CITY-ST-ZIP	TAMPA FL 33635		2.4 CI	Y-ST-ZIP	CLEAR WATER, FL 34629	
TITLE	\$D	⊠) DELETE	3.1 TIT	LE	Mc Keon, Jewel Change Addition	
NAME	KLEIN, MAURA		3.2 NA	ME	all Bailey Sr	
STREET ADDRESS	13302 WINDING OAK CT, SU	ATE A	3.3 ST	REET ADDRESS	KATATU HARBOR M. DILLAM	
CITY-ST-ZIP	TAMPA FL 33618		-	TY-ST-ZIP	SAFETY HALBOR, FL 84695	
TITLE	TD	DELETE	4.1 TiT	LE	Change Addition	
NAME	BEIL, FREDA J		4. 2 NA	ME	THI BODEAU, DARLENG	
STREET ADDRESS	13302 WINDING OAK CT, SU	ITE A	4.3 STI	REET ADDRESS	603 ONTARIO AVE	
CITY-ST-ZIP	TAMPA FL 33618		4.4 CH	Y-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	5.1 TIT	LE	Change Addition	
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 \$T	reet address		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	6.1 111	LE	Change Addition	
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	reet address		
CITY-ST-ZIP			6.4 CIT	Y-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.

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