

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90010 026 ****70.00

DOCUMENT # N97000000149

1. Entity Name
**NATIONAL ASSOCIATION OF WOMEN BUSINESS
OWNERS - TAMPA BAY, INC.**



Principal Place of Business
**P.O. BOX 18916
TAMPA, FL 33679**

Mailing Address
**P.O. BOX 18916
TAMPA, FL 33679**

54062825



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3444052

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

**SNOOK, LINDA
13799 PARK BLVD #192
SEMINOLE, FL 33776**

7. Name and Address of New Registered Agent

Name **KNOUSE, JODY**

Street Address (P.O. Box Number is Not Acceptable)

4002 W MCKAY

City **TAMPA**

FL **33609**

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 *Jody Knouse*

**Filing Fee is \$61.25
Due by September 8, 2004**

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
NAME **BURRAW, AMY** ☐ De'te
STREET ADDRESS **283 E DAVIS ISLAND**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE
NAME **PED KNOUSE, JODY** ☐ De'te
STREET ADDRESS **4002 W MCKAY**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE
NAME **SD HALFAKER, JOAN** ☐ De'te
STREET ADDRESS **4100 W KENNEDY BLVD #214**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE
NAME **TD SNOOK, LINDA** ☐ De'te
STREET ADDRESS **13799 PARK BLVD #192**
CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE
NAME ☐ De'te
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ De'te
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME **SD MCKENZIE, KAARLA** ☒ Change ☐ Addition
STREET ADDRESS **3542 VALENCIA COVE COURT**
CITY-ST-ZIP **LAND O' LAKES, FL 34639**

TITLE
NAME **TD MAHNKE, LINDA** ☒ Change ☐ Addition
STREET ADDRESS **1843 PINE CONE CIRCLE**
CITY-ST-ZIP **CLEARWATER, FL 33760**

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

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

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:

L. Mahnke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2004 727-530-1337

Date Daytime Phone #