2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# N97000000149

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

Current Principal Place of Business:

1507 18TH AVENUE DRIVE EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

1507 18TH AVENUE DRIVE EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 59-3444052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUCK, DEBORAH
1507 18TH AVENUE DRIVE EAST
PALMETTO, FL 34221 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:	P	( ) Delete
Name:	SHUCK, DEBORAH L	
Address:	1507 18TH AVENUE DRIVE EAST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	VP	( ) Delete
Name:	MCKENZIE, KAARLA	
Address:	1535 DALE MABRY HWY, SUITE 201	
City-St-Zip:	LUTZ, FL 33548	
Title:	T	( ) Delete
Name:	POLAND, JUDY K	
Address:	4002 W MCKAY	
City-St-Zip:	TAMPA, FL 33609	
Title:	S	( ) Delete
Name:	DURFEE, KATHY	
Address:	9040 TOWNE CENTER PARKWAY	
City-St-Zip:	BRADENTON, FL 34202	

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 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: DEBORAH SHUCK PRES 02/20/2008

Electronic Signature of Signing Officer or Director — Date