

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005186

FILED
Mar 07, 2006
Secretary of State

Entity Name: DRESS FOR SUCCESS, TAMPA BAY, INC.

Current Principal Place of Business:

WEST TAMPA SERVICE CENTER
1705 N HOWARD AVE
TAMPA, FL 336073429

New Principal Place of Business:

Current Mailing Address:

2912 BEAGLE PLACE
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-3542254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLINGTON, PATRICIA A
2912 BEAGLE PLACE
SEFFNER, FL 33584 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: D () Delete
Name: ELLINGTON, PATRICIA A
Address: 2912 BEAGLE PLACE
City-St-Zip: SEFFNER, FL 33584

Title: PD () Delete
Name: GIBSON, JUANA
Address: 5100 BRYNN MWR DR
City-St-Zip: TAMPA, FL 33624

Title: VP () Delete
Name: STEFAN, JIM
Address: 2601 S DUNDEE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: ELLIS, DARLENE
Address: 15719 GARDENDIDE LN
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: BAKER, DEBORAH
Address: 6409 EUREKA SPRINGS RD
City-St-Zip: TAMPA, FL 33610

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:

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: PATRICIA A. ELLINGTON

ED

03/07/2006

Electronic Signature of Signing Officer or Director

Date