

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005186

FILED  
Apr 16, 2008  
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 US

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

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

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

Title: D ( ) Delete  
Name: PERRI, SHERRY  
Address: 5103 ELBERON STREET  
City-St-Zip: TAMPA, FL 33611 US

Title: D ( ) Delete  
Name: ADAMS, KIM  
Address: 30433 TREMONT DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

**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:

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: PATRICIA A. ELLINGTON

D

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date