2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002282

Entity Name: THE TAMPA PALMS WOMEN'S CLUB, INC.

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace Of Busiliess

16101 COMPTON CIRCLE TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

16101 COMPTON CIRCLE TAMPA, FL 33647

FEI Number: 59-3579982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLISSON, AMBER J BEDFORD, TERESA 5121 STERLING MANOR DR 16120 ANCROFT CT TAMPA, FL 33647 US TAMPA, FL 33647 US

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: TERESA BEDFORD 01/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: BROOKOVER, MARION Name:

 Name:
 BROOKOVER, MARION
 Name:

 Address:
 7202 YARDLEY WAY
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 MARY, FIELD
 Name:
 TOFILON, CORIE

 Address:
 15911 DAWSON RIDGE DRIVE
 Address:
 5052 DEVON PARK DR

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33647

Title: TD () Delete Title: TD (X) Change () Addition Name: AMBER, GLISSON J Name: BEDFORD, TERESA

 Name:
 AMBER, GLISSON J
 Name:
 BEDFORD, TERESA

 Address:
 5121 STERLING MANOR DR
 Address:
 16120 ANCROFT CT

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33647

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 VAN FLEET, IMELDA
 Name:
 HORVATH, PAT

 Address:
 7121 WAREHAM DRIVE
 Address:
 6521 STONINGTON DR

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33647

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: MARION BROOKOVER PD 01/15/2008