2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002282

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

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16101 COMPTON CIRCLE 16101 COMPTON DRIVE TAMPA, FL 33647

TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

16101 COMPTON CIRCLE 16101 COMPTON DRIVE TAMPA, FL 33647 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:

BEDFORD, TERESA BEDFORD, TERESA A TREAS 16120 ANĆROFT CT 16120 ANĆROFT CT TAMPA, FL 33647 TAMPA, FL 33647

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 A. BEDFORD 01/15/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

() Delete

() Delete

() Delete

() Delete

BROOKOVER, MARION

7202 YARDLEY WAY

TAMPA, FL 33647

TOFILON, CORIE

TAMPA, FL 33647

BEDFORD, TERESA

16120 ANCROFT CT

6521 STONINGTON DR

TAMPA, FL 33647

HORVATH, PAT

TAMPA, FL 33647

5052 DEVON PARK DR

VD

SD

Name:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name: Address:

City-St-Zip:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

COLLINS, MEG PRES Name: Address: 16016 GATWICK CT City-St-Zip: TAMPA, FL 33647

Title: (X) Change () Addition Name: HARDMAN, STELLA V PRES

Address: 5301 ANTON CT. City-St-Zip: TAMPA, FL 33647

Title: (X) Change () Addition BEDFORD, TERESA A TREAS Name:

16120 ANCROFT CT Address: City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition

Name: HORVATH, PAT SEC. Address: 6521 STONINGTON DR 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: TERESA A. BEDFORD **TREA** 01/15/2009