

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90040 023 ****61.25

DOCUMENT # N99000005363

1. Entity Name
**TAMPA BAY ASSOCIATION FOR WOMEN
PSYCHOTHERAPISTS, INC.**



Principal Place of Business
**C/O SUSAN WHITNEY
1502 BUSCH BLVD. #F
TAMPA, FL 33612**

Mailing Address
**PO BOX 273712
2805 W. BUSCH BLVD-STE 113
TAMPA, FL 33618**

44024628



2. Principal Place of Business

% Sandra Seeger

3. Mailing Address

TBAWP

Suite, Apt. #, etc.

2504 West Azeele #D

Suite, Apt. #, etc.

P.O. Box 273712

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33609

Country

Hillsborough

Zip

33688-3712

Country

Hillsborough

03202004

Chg-NP

CR2E037 (10/03)

4. FEI Number

37-7463825

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BREWER, SUE A
1700 PARK ST N #109
SAINT PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name **Sarah E. Meachen**
Street Address (P.O. Box Number is Not Acceptable)
5165 Sterling Manor DR
City **Tampa** FL Zip Code **33647**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SARAH E. MEACHEN**

Signature, typed or printed name of registered agent and title if applicable.

Sarah E Meachen

(NOTE: Registered Agent signature required when reinstating)

3/20/04

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITNEY, SUSAN 150 W. BUSCH BLVD. STE. F TAMPA, FL 33612	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED WHITNEY, SUSAN 3305 COUNTRY CREEK LANE VALRICO, FL 33594	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPPD KIRTIKAR, SUSHAMA 267 VERINA ST. TAMPA, FL 33606	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLOY, JEAN 3333 W. KENNEDY #106 HUDSON, FL 34669	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREWER, SUE 1700 PARK ST. NORTH, #109 SAINT PETERSBURG, FL 33710	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sandra Seeger 2504 West Azeele St #D TAMPA, FL 33609	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect Lynne Spinney 1645 15th Street North St Pete, FL 33704	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Past President Susan Whitney 2805 W. Busch Blvd Ste F Valrico, FL 33595 Tampa, FL 33612	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Andrea Holmes 10428 Greenmont Dr Tampa, FL 33626	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sarah E. MEACHEN 5165 Sterling Manor Dr Tampa, FL 33647	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sarah E Meachen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/04 813-971-7521

Date

Daytime Phone #