

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005363

FILED
Mar 19, 2006
Secretary of State

Entity Name: TAMPA BAY ASSOCIATION FOR WOMEN PSYCHOTHERAPISTS, INC.

Current Principal Place of Business:

P. O. BOX 273712
TAMPA, FL 33688 US

New Principal Place of Business:

Current Mailing Address:

TBAWP
P. O. BOX 273712
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 37-7463825 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITNEY, SUSAN B MS.
P. O. BOX 273712
TAMPA, FL 33688 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: PRES () Delete
Name: SPINNEY, LYNNE
Address: 1519 DR. MLK ST. N
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: VICE () Delete
Name: MULLOY, JEAN DR.
Address: 2504 WEST AZEELE STREET SUITE E
City-St-Zip: TAMPA, FL 33609 US

Title: TRES () Delete
Name: WHITNEY, SUSAN
Address: 1502 W BUSCH BLVD SUITE F
City-St-Zip: TAMPA, FL 33612 US

Title: SEC () Delete
Name: MEEKER, BETH
Address: 212 S. MOODY AVENUE
City-St-Zip: TAMPA, FL 33609 US

Title: IPP (X) Delete
Name: SEEGER, SANDRA
Address: 2504 WEST AZEELE ST SUITE D
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MULLOY, JEAN
Address: 2504 WEST AZEELE STREET SUITE E
City-St-Zip: TAMPA, FL 33609 US

Title: VICE (X) Change () Addition
Name: SANTIAGO, LYNNE DR.
Address: 1304 SOUTH DESOTO AVENUE SUITE 304
City-St-Zip: TAMPA, FL 33606 US

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: SUSAN B. WHITNEY

TRES

03/19/2006

Electronic Signature of Signing Officer or Director

Date