


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90316 003 ****61.25

DOCUMENT # N99000005363

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



Principal Place of Business
**C/O CHRISTINA BELLAMY, LAMC
2805 W. BUSCH BLVD-STE 113
TAMPA FL 33618**

Mailing Address
**C/O CHRISTINA BELLAMY, LAMC
2805 W. BUSCH BLVD-STE 113
TAMPA FL 33618**

2. Principal Place of Business
c/o Susan Whitney

3. Mailing Address **Women Psychotherapists**
Tampa Bay Assoc for Inc

Suite, Apt. #, etc.
1502 Busch Blvd #F

Suite, Apt. #, etc.
PO BOX 273712



CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State
Tampa FL

Zip
33612

Country
USA

Zip
33612

Country
USA

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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: Sue A Brewer DATE: 4/2/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 PD	<input checked="" type="checkbox"/> Delete
NAME MULLIN, SUSAN	
STREET ADDRESS 207 VERNE ST.	
CITY-ST-ZIP TAMPA FL 33606	
TITLE PED	<input type="checkbox"/> Delete
NAME WHITNEY, SUSAN	
STREET ADDRESS 1502 W. BUSCH BLVD., STE F	
CITY-ST-ZIP TAMPA FL 33612	
TITLE IPPD	<input type="checkbox"/> Delete
NAME KIRTIKAR, SUSHAMA	
STREET ADDRESS 4621 CLOVERLAWN DR.	
CITY-ST-ZIP TAMPA FL 33624	
TITLE SD	<input type="checkbox"/> Delete
NAME MULLOY, JEAN	
STREET ADDRESS 18121 SUGAR BROOKE DR.	
CITY-ST-ZIP TAMPA FL 33647	
TITLE TD	<input type="checkbox"/> Delete
NAME BREWER, SUE	
STREET ADDRESS 1700 PARK ST. NORTH, #109	
CITY-ST-ZIP SAINT PETERSBURG FL 33710	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Whitney, Susan	
STREET ADDRESS 1502 W. Busch Blvd, Ste F	
CITY-ST-ZIP Tampa FL 33612	
TITLE PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Seeger, Sandy	
STREET ADDRESS 3305 Country Creek Lane	
CITY-ST-ZIP Valrico FL 33594	
TITLE IPPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mullins, Susan	
STREET ADDRESS 207 Verne St	
CITY-ST-ZIP Tampa FL 33606	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Santiago, Lynne	
STREET ADDRESS 3333 W. Kennedy #106	
CITY-ST-ZIP Tampa FL 34669	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BREWER, SUE	
STREET ADDRESS 1700 Park St. N #109	
CITY-ST-ZIP St Petersburg FL 33710	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

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: Sue A Brewer DATE: 4/2/03 TEL: 727-347-3680

CR2E037 (10/02)