

DOCUMENT # N99000005716

1. Entity Name



ALTRUSA INTERNATIONAL OF TAMPA - WILMA B.
HOGAN FOUNDATION, INC.

FILED
Feb 05, 2007 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
3314 HENDERSON BLVD STE 208 3314 HENDERSON BLVD STE 208
TAMPA FL 33609-2934 TAMPA FL 33609-2934

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3610110 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent

GARRETT, MARIE G
3314 HENDERSON BLVD STE 208
TAMPA FL 33609-2934

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 ☐ Delete
NAME GARRETT, MARIE G
STREET ADDRESS 651 RIVIERA DR
CITY-STATE-ZIP TAMPA FL 33606

TITLE ☐ Delete
NAME HINES, EILEEN
STREET ADDRESS 9720 CYPRESS POND AVE
CITY-STATE-ZIP TAMPA FL 33644

TITLE ☐ Delete
NAME COOK, REBA F
STREET ADDRESS 10313 N 53RD ST
CITY-STATE-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ Delete
NAME FRANCIS, EDITH H
STREET ADDRESS 13620 LAKE MAGDALENE BLVD., UNIT 112
CITY-STATE-ZIP TAMPA FL 33618

TITLE ☐ Delete
NAME ENGLE, ANNA M
STREET ADDRESS 18930 CRESCENT ROAD
CITY-STATE-ZIP ODESSA FL 33556

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS 000000622911
CITY-STATE-ZIP 02/13/07-80045-012 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Marie G. Garrett

1/24/07

813-251-2871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone