

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90018 011 ****61.25

DOCUMENT # 700525

1. Entity Name
**TAMPA BAY MINERAL AND SCIENCE CLUB OF TAMPA,
FLORIDA, INC.**



Principal Place of Business
**10207 FISHER AVE
TAMPA, FL 33619**

Mailing Address
**PO BOX 89146
TAMPA, FL 33689**

60010460



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

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0999772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HENDERSHOT, JAN
11316 LEPPRECHAUN DR
RIVERVIEW, FL 33569**

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

**Filing 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	P	<input type="checkbox"/> Delete
NAME	HENDERSHOT, JAN	
STREET ADDRESS	11316 LEPPRECHAUN DR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HUERR, KYM	
STREET ADDRESS	3848 LAUREL VALLEY BLVD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PRIMROSE, SUSAN	
STREET ADDRESS	3002 PALMERAS CT	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOOZIER, DEONKA	
STREET ADDRESS	624 FOREST HILLS DR	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINDY FALANDYSZ	
STREET ADDRESS	1905 PEPPERWOOD CT.	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA JACKSON	
STREET ADDRESS	6036 GOLF AND SEA BLVD.	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN COOPER	
STREET ADDRESS	10721 HWY 98 S, Lot 47	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained 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 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: *Janice P. Hendershot* **JAN HENDERSHOT**

1-30-07 813-671-9556

Date Daytime Phone #