

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90032 030 ****70.00

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**

40010620



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

01152008

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

7. Name and Address of New Registered Agent

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

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, 2008**

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** ☒ Delete
NAME **HENDERSHOT, JAN**
STREET ADDRESS **11316 LEPPRECHAUN DR.**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **V** ☒ Delete
NAME **FALANDYSZ, CINDY**
STREET ADDRESS **1905 PEPPERWOOD CT**
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE **S** ☐ Delete
NAME **JACKSON, NORMA**
STREET ADDRESS **6036 GOLF AND SEA BLVD**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE **T** ☐ Delete
NAME **COOPER, KAREN**
STREET ADDRESS **10721 HWY 98 S LOT 47**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Falandysz, Cindy**
STREET ADDRESS **11316 Lepprechaun Dr**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **V** ☐ Change ☒ Addition
NAME **Terri Foster**
STREET ADDRESS **10721 Hwy 98 S. Lot**
CITY-ST-ZIP **Dade City FL 33525**

TITLE ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Falandysz

1-15-2008

813.632.7600

Date

Daytime Phone #

X341