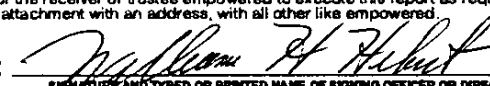


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90037 042 ****70.00

DOCUMENT # 707912 1. Entity Name TAMPA ORCHID CLUB, INC.					
Principal Place of Business 12213 LANGSHAW DR THONOTOSASSA, FL 33592-2733 US			Mailing Address 12213 LANGSHAW DR THONOTOSASSA, FL 33592-2733 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1234454	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HEBERT, WILLIAM H 12213 LANGSHAW DR THONOTOSASSA, FL 33592-2733			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 resigning.)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T HEBERT, WILLIAM H 12213 LANGSHAW DR THONOTOSASSA, FL 335922733	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ELLIS, DON 2408 ANTHONY AVE CLEARWATER, FL 33759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V CARTER, DAVE 1362 FORESTEDGE BLVD. OLDSMAR, FL 34677	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ORDET, DOUGLAS 12824 CASTLE HILL DR TAMPA, FL 33624	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	ALICE WILEY 17023 DENNIS RD. LUTZ, FL 33558 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CLARKSON, JIM 4713 FOXSHIRE CIR TAMPA, FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P JOHNSTON, KAREN 1113 WINDHORST RIDGE DRIVE BRANDON, FL 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
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: 			Date: 1/5/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Day/1-to Phone: 813 986 1568		