

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90013 027 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1234454

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

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 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

T ☐ Delete  
NAME: HEBERT, WILLIAM H  
STREET ADDRESS: 12213 LANGSHAW DR  
CITY-STATE-ZIP: THONOTOSASSA FL 33592-2733

D ☒ Delete  
NAME: ELLIS, DON  
STREET ADDRESS: 2406 ANTHONY AVE  
CITY-STATE-ZIP: CLEARWATER FL 33759

D ☒ Delete  
NAME: CARTER, DAVE  
STREET ADDRESS: 1362 FORESTEDGE BLVD.  
CITY-STATE-ZIP: OLDSMAR FL 34677

V ☐ Delete  
NAME: WILEY, ALICE  
STREET ADDRESS: 17023 DENNIS RD  
CITY-STATE-ZIP: LUTZ FL 33558

D ☐ Delete  
NAME: CLARKSON, JIM  
STREET ADDRESS: 4713 FOXSHIRE CIR  
CITY-STATE-ZIP: TAMPA FL 33624

P ☐ Delete  
NAME: JOHNSTON, KAREN  
STREET ADDRESS: 1113 WINDHORST RIDGE DRIVE  
CITY-STATE-ZIP: BRANDON FL 33510

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

V ☐ Change ☒ Addition  
NAME: CASTENS, BILL  
STREET ADDRESS: 4640 LANDSCAPE DR  
CITY-STATE-ZIP: TAMPA, FL 33624

D ☐ Change ☒ Addition  
NAME: GRIFFIN, JENEY  
STREET ADDRESS: 2909 MOSSY TIMBER TRAIL  
CITY-STATE-ZIP: VALRICO, FL 33594

D ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

S ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

D ☒ 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: *William H Hebert* WILLIAM H HEBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/07

Daytime Phone #

813 986 1568