

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90075 011 ****61.25

DOCUMENT # 725134

1. Entity Name
TAMPA ROSE SOCIETY, INC.



Principal Place of Business
**11506 LOUVRE PLACE
TAMPA, FL 33617 US**

Mailing Address
**11506 LOUVRE PLACE
TAMPA, FL 33617 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082006

Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

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

**EVANS, ALEXANDER H
11506 LOUVRE PLACE
TAMPA, FL 33617**

Name **Robert N. Prue**

Street Address (P.O. Box Number is Not Acceptable)

10021 Hampton Place

City **TAMPA**

FL

Zip Code
33618

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

Robert N. Prue, Treasurer

4-10-06

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, 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
**2V
WHITCOMB, AL
24189 BALMORAL LANE
BROOKSVILLE, FL 34601** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ZIMBLER, KATHY
8013 RIVERWOOD ESTATES PL.
RIVERVIEW, FL 33569** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.P. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BERTCH, MARILYN
1045 WHISPER RUN
LUTZ, FL 33558** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sharon Whitcomb
24189 Balmoral Lane
Brooksville, FL 34601** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1V
WARREN, GRETCHEN
6215 ORAN STREET
TAMPA, FL 33610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JUNO, BOB
13240 LEGENDS TRAIL
DADE CITY, FL 33525** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MARK R. Prue
1018 Lake Cooper Dr.
LUTZ, FL 33548** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
EVANS, ALEXANDER
11506 LOUVRE PLACE
TAMPA, FL 33617** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Robert N. Prue
10021 Hampton Place
TAMPA, FL 33618** ☐ 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:

Robert N. Prue

4-10-06

813-932-1105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #