

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725134

FILED
Jan 07, 2009
Secretary of State

Entity Name: TAMPA ROSE SOCIETY, INC.

Current Principal Place of Business:

10021 HAMPTON PL
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

10021 HAMPTON PL
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUE, ROBERT N
10021 HAMPTON PLACE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 1V () Delete
Name: WHITCOMB, AL
Address: 24189 BALMORAL LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: S () Delete
Name: CASTELL, BARBARA
Address: 1734 SPAY SAIL DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: CONAWAY, KAY
Address: 17201 EMERALD CHASE DR
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: PURE, SHIRLEY R
Address: 10021 HAMPTON PL
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: PREVA, KAREN II
Address: POB 310
City-St-Zip: WIMAUMA, FL 33598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CASTELLI, BARBARA
Address: 1734 STAYSAIL DR.
City-St-Zip: VALRICO, FL 33594

Title: S (X) Change () Addition
Name: ELLROD, LOUISE
Address: 1215 WISPER RUN CT.
City-St-Zip: LUTZ, FL 33558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PRUE, SHIRLEY R
Address: 10021 HAMPTON PL
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change () Addition
Name: PREVATT, KAREN II
Address: POB 310
City-St-Zip: WIMAUMA, FL 33598

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY R. PRUE

T

01/07/2009

Electronic Signature of Signing Officer or Director

Date