2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 21, 2005 8:00 am
Secretary of State
01-18-2005 90047 040 ****61.25

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DOCUMENT # 728897

1. Entity Name
THE TANGERINE IMPROVEMENT SOCIETY, INC.

Principal Place of Business	Mailing Address
7101 WRIGHT AVE. ~~P.O. BOX 161~~ TANGERINE, FL 32777	PO BOX 161 TANGERINE, FL 32777 US

01132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 7101 Wright Avenue	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-2146692 ☐ 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
ANTHONY, KRISTI ~~6715 OAK ST~~ ~~PO Box 264~~ TANGERINE, FL 32777-0264 2/14/05 5715 Oak St; #264	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, 2005

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	P ANTHONY, KRISTI ~~6715 OAK ST~~ TANGERINE, FL 32777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PO Box 264
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARTELL, JOANN BOX 64 TANGERINE, FL 32777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENNINGS, GEORGE 27935 LAKE JEM RD MOUNT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ ~~SCHMIDT, BRIAN~~ ~~6075 LAKE GTA DR~~ ~~MOUNT DORA, FL 32757~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ ☐ Change ☐ Addition Mary Pezzo PO Box 397 Tangerine FL 32777
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENNINGS, EILLEEN 27935 LAKE JEM RD MT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ~~CULLER, GRACE~~ ~~P O BOX 563~~ ~~TANGERINE, FL 32777~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☒ Change ☐ Addition Vivian Gallimore PO Box 73 Tangerine FL 32777

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: K Anthony Kristi Anthony 1-14-05 352 205 0116
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #