

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90076 029 \*\*\*\*70.00

**DOCUMENT # 728897**

1. Entity Name

THE TANGERINE IMPROVEMENT SOCIETY, INC.



Principal Place of Business

7101 WRIGHT AVE.  
P.O. BOX 161  
TANGERINE FL 32777

Mailing Address

PO BOX 161  
TANGERINE FL 32777  
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2146692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ANTHONY, KRISTI  
5715 OAK ST  
#264  
TANGERINE FL 32777-0264

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 reappointing)

DATE

**FILE NOW: 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

TITLE P  
NAME ANTHONY, KRISTI ☐ Delete  
STREET ADDRESS PO BOX 264  
CITY-ST-ZIP TANGERINE FL 32777

TITLE S  
NAME BARTELL, JOANN ☐ Delete  
STREET ADDRESS BOX 64  
CITY-ST-ZIP TANGERINE FL 32777

TITLE D ☒ Delete  
NAME JENNINGS, GEORGE  
STREET ADDRESS 27935 LAKE JEM RD  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE T ☐ Delete  
NAME PEZZO, MARY  
STREET ADDRESS PO BOX 397  
CITY-ST-ZIP TANGERINE FL 32777

TITLE D ☒ Delete  
NAME JENNINGS, EILLEN  
STREET ADDRESS 27935 LAKE JEM RD  
CITY-ST-ZIP MT DORA FL 32757

TITLE V ☐ Delete  
NAME GALLIMORE, VIVIAN  
STREET ADDRESS PO BOX 73  
CITY-ST-ZIP TANGERINE FL 32777

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME Chick Keller - Director  
STREET ADDRESS 6525 Sinisi Dr.  
CITY-ST-ZIP Mount Dora, FL 32757

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

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS Brell Whited  
CITY-ST-ZIP 6178 Allen St.  
Mount Dora, FL 32757

TITLE ☒ Change ☐ Addition  
NAME Secretary -  
STREET ADDRESS Same person  
CITY-ST-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: *Mary T Pezzo* MARY T Pezzo treasurer 2/6/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #