## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 06, 2007 8:00 am Secretary of State **DOCUMENT #728897** 04-06-2007 90044 044 \*\*\*\*61.25 1. Entity Name THE TANGERINE IMPROVEMENT SOCIETY, INC. Mailing Address Principal Place of Business 400002~~ PO BOX 161 7101 WRIGHT AVE. TANGERINE, FL 32777 P.O. BOX 161 US TANGERINE, FL 32777 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Cha-NP CR2E037 (12/06) 4. FEI Number Applied For City & State City & State 59-2146692 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAURA KELLER ANTHONY, KRISTI Street Address (P.O. Box Number is Not Acceptable) 5715 OAK ST #264 TANGERINE, FL 32777-0264 Zip Code 33-757 City MOUNT DORA 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. 3·30×01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MLE Delete TITLE ☐ Addition ANTHONY, KRISTI EUNDI LONE NAME NAME STREET ADDRESS PO BOX 264 STREET ADDRESS IGATI EARLLWOOD AVE TANGERINE, FL 32777 CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA, FL 3275 Addition Delete TITLE TITLE Change KATHY SASSER BARTELL, JOANN NAME NAME 7241 LAKE OLA DR STREET ADDRESS **BOX 64** STREET ADDRESS MOUNT DORA FLBATST CITY-ST-ZIP TANGERINE, FL 32777 CITY-ST-ZIP ☐ Defete Change TITLE TITLE ☐ Addition KELLER, CHICK CHICK KELLER NAME NAME 3525 SINISI DR STREET ADDRESS STREET ADDRESS GEST STUTSI DE MOUNT DORA, FL 32757 32757 CITY+ST-7tP CITY-ST-ZIP Delete ☐ Change 1 Addition TITLE TITLE LAURA KELLER PEZZO, MARY NAME NAME PO BOX 397 STREET ANDRESS STREET ADDRESS $D_{\mathcal{S}}$ CITY-ST-ZIP TANGERINE, FL. 32777 CITY-ST-ZIP 3>757 MOUNT DORA FL Detete TITLE Addition TITLE ☐ Channe DETIFIN WHITED WHITED, BRELL NAME NAME GMB ALLEN ST 6178 ALLEN ST STREET ADDRESS STREET ADDRESS MOUNT DORA. FL 32757 CITY-ST-ZIP MT DORA, FL 32757 CITY-ST-ZIP Change Delete TITLE Addition TMF IIM COFFMAN GALLIMORE, VIVIAN NAME 60 BOX P51 **PO BOX 73** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TANGERINE, FL 32777 CITY-ST-ZIP ヨヘエタラシベイナ

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. -Kalle

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

352.385-4248