2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# 758853

Entity Name: TAMPA BAY CHAPTER RARE FRUIT COUNCIL INTERNATIONAL, INC.

Current Principal Place of Business:

UNIVERSITY OF S FLORIDA
WESTSIDE CONFERENCE CENTER
TAMPA, FL 33620

New Principal Place of Business:

Current Mailing Address:

2812 N. WILDER ROAD
PLANT CITY, FL 33565

New Mailing Address:

FEI Number: 59-2211238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEATH, ROBERT T
4109 DELEON STREET
TAMPA, FL 33609 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: PD ( ) Delete
Name: NOVAK, CHARLES
Address: 2812 N WILDER ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: VD ( ) Delete
Name: HEATH, ROBERT T
Address: 4109 DELEON STREET
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete
Name: LEE, JAMES
Address: 11911 THONOTOSASSA ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD ( ) Delete
Name: AMYOT, GERALD E
Address: 1900 E TRAPNELL ROAD
City-St-Zip: PLANT CITY, FL 33566

Title: SD ( ) Delete
Name: NOVAK, LINDA
Address: 2812 N WILDER RD
City-St-Zip: PLANT CITY, FL 33565

Title: TD ( ) Delete
Name: MCAVEETY, SUSAN
Address: 8621 FOXTAIL COURT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN MCAVEETY TD 04/30/2005
Electronic Signature of Signing Officer or Director — Date