2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00561

FILED Apr 12, 2006 Secretary of State

Entity Name: TAMPA BAY ORCHID SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 5800 N. CENTRAL AVENUE TAMPA, FL 336047018 US **Current Mailing Address: New Mailing Address:** 100 HAMPTON ROAD #188 CLEARWATER, FL 33759 US FEI Number: 59-2377008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINSON, WARREN 100 HAMPTÓN ROAD #188 CLEARWATER, FL 33759 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARTZLER, JO ANNE Name: Name: 3401 VALLEY RANCH DRIVE Address: Address: City-St-Zip: LUTZ, FL 335484709 City-St-Zip: Title: () Delete Title: () Change () Addition GALLAGHER, DORY Name: Name: Address: 7604 THUNDERHEAD Address: City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILEY, ALICE Name: GALLAGHER, RIC Name: 17023 DENNIS ROAD 7604 THUNDERHEAD Address: Address: City-St-Zip: LUTZ. FL 33558 City-St-Zip: WESLEY CHAPEL, FL 33544 Title: () Delete Title: () Change () Addition MARTINSON, KAREN Name: Name: 100 HAMPTON RD #188 Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: Title: Title: () Delete () Change () Addition BURCH, DONNA Name: Name: 6009 SANTA MONICA DRIVE Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: () Delete Title: (X) Change () Addition LE MONDE, DEBORAH HANLEY, PATTI Name: Name: Address: 11404 PALDAO ROAD Address: 8601 DRIFTWOOD DR. TAMPA, FL 336183924 TAMPA, FL 33615 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WARREN MARTINSON T 04/12/2006