

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00561

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: TAMPA BAY ORCHID SOCIETY, INC.

**Current Principal Place of Business:**

5800 N. CENTRAL AVENUE  
TAMPA, FL 336047018 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 HAMPTON ROAD  
#188  
CLEARWATER, FL 33759 US

**New Mailing Address:**

FEI Number: 59-2377008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINSON, WARREN  
100 HAMPTON ROAD  
#188  
CLEARWATER, FL 33759 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: P ( ) Delete  
Name: HARTZLER, JO ANNE  
Address: 3401 VALLEY RANCH DRIVE  
City-St-Zip: LUTZ, FL 335484709

Title: V ( ) Delete  
Name: GALLAGHER, DORY  
Address: 7604 THUNDERHEAD  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete  
Name: GALLAGHER, RIC  
Address: 7604 THUNDERHEAD  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete  
Name: MARTINSON, KAREN  
Address: 100 HAMPTON RD #188  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: BURCH, DONNA  
Address: 6009 SANTA MONICA DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: S ( ) Delete  
Name: LE MONDE, DEBORAH  
Address: 8601 DRIFTWOOD DR.  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WOLFE, TOM  
Address: 5211 LAKE LECLARE RD  
City-St-Zip: LUTZ, FL 335484709

Title: V (X) Change ( ) Addition  
Name: OGLE, SUSAN  
Address: 5491 CARROLLWOOD MEADOWS  
City-St-Zip: TAMPA, FL 33624

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

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

Title: D (X) Change ( ) Addition  
Name: HECTOR, JULIO  
Address: 7614 BARRY RD  
City-St-Zip: TAMPA, FL 33615

Title: S (X) Change ( ) Addition  
Name: HECTOR, EILEEN  
Address: 7614 BARRY RD  
City-St-Zip: TAMPA, FL 33615

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/12/2007

\_\_\_\_\_  
Date