

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 12, 2007
Secretary of State**

DOCUMENT# N00561

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:**15910 EAGLE RIVER WAY
TAMPA, FL 33624 US

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:**SMITH, THOMAS R
15910 EAGLE RIVER WAY
TAMPA, FL 336241599 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: THOMAS R. SMITH

11/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: WOLFE, TOM
Address: 5211 LAKE LECLARE RD
City-St-Zip: LUTZ, FL 335484709Title: V () Delete
Name: OGLE, SUSAN
Address: 5491 CAROLLWOOD MEADOWS
City-St-Zip: TAMPA, FL 33624Title: D () Delete
Name: GALLAGHER, RIC
Address: 7604 THUNDERHEAD
City-St-Zip: WESLEY CHAPEL, FL 33544Title: D () Delete
Name: MARTINSON, KAREN
Address: 100 HAMPTON RD #188
City-St-Zip: CLEARWATER, FL 33759Title: D () Delete
Name: HECTOR, JULIO
Address: 7614 BARRY RD
City-St-Zip: TAMPA, FL 33615Title: S (X) Delete
Name: HECTOR, EILEEN
Address: 7614 BARRY RD
City-St-Zip: TAMPA, FL 33615**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: SMITH, THOMAS R
Address: 15910 EAGLE RIVER WAY
City-St-Zip: TAMPA, FL 33624Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: THOMS, BILL
Address: 1605 PALACE CT
City-St-Zip: VALRICO, FL 33594Title: S (X) Change () Addition
Name: ALMAND, GERRI
Address: 4710 HEATH AVE
City-St-Zip: TAMPA, FL 33624Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS R. SMITH

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11/12/2007

Electronic Signature of Signing Officer or Director

Date