

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00561

FILED
Mar 10, 2012
Secretary of State

Entity Name: TAMPA BAY ORCHID SOCIETY, INC.

Current Principal Place of Business:

2629 BAYSHORE BLVD.
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

15720 TIMBERWOOD DR
TAMPA, FL 33625 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:

HECTOR, JULIO
15720 TIMBERWOOD DR
TAMPA, FL 33625 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
Name: MORRISON, HOWELL
Address: 4407 WATROUS AVE.
City-St-Zip: TAMPA, FL 33629 US

Title: T
Name: HECTOR, JULIO
Address: 15720 TIMBERWOOD DR
City-St-Zip: TAMPA, FL 33625 US

Title: D
Name: BOLDRICK, ANNE
Address: 2704 FOUNTAIN BLVD
City-St-Zip: TAMPA, FL 33609 US

Title: D
Name: LOSGAR, NANCY
Address: 15604 BEAR CREEK DR
City-St-Zip: TAMPA, FL 33624

Title: S
Name: VIZCARRONDO, GAIL
Address: 2910 SAN NICHOLAS
City-St-Zip: TAMPA, FL 33629 US

Title: D
Name: CARTWRIGHT, PATTY
Address: 6108 GRAPE FERN CT
City-St-Zip: TEMPLE TERRACE, FL 33617 US

I hereby 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 all other like empowered.

SIGNATURE: JULIO HECTOR

T

03/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date