

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003938

FILED
Aug 28, 2007
Secretary of State

Entity Name: THE TAMPA BAY CONSERVANCY, INC.

Current Principal Place of Business:

P.O. BOX 3308
RIVERVIEW, FL 33568

New Principal Place of Business:

12601 SHADOW RUN BLVD
RIVERVIEW, FL 33569

Current Mailing Address:

P.O. BOX 3308
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 59-3750563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LORENZEN, WILLIAM A E.D.
12601 SHADOW RUN BLVD.
RIVERVIEW, FL 33569 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:

Title: D () Delete
Name: ECKENROD, RICHARD M SEC.
Address: P.O. BOX 178
City-St-Zip: ELLENTON, FL 34222

Title: D () Delete
Name: MCCREE, HEIDI B
Address: 2917 WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: HEATH, ROBERT V.P.
Address: 11102 WINN ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: THOMPSON, SARAH A TREAS.
Address: 814 SOUTH ORLEANS AVE.
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: WIESNER-BROWN, TERRY-RENE PRES.
Address: 23608 HARDWOOD CT
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: KELLEY, MIKE
Address: 943 BUNKERVIEW DRIVE
City-St-Zip: TAMPA, FL 33572

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 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: WILLIAM LORENZEN

E..D

08/28/2007

Electronic Signature of Signing Officer or Director

Date