

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90122 030 ****61.25

DOCUMENT # N01000003938

1. Entity Name
THE TAMPA BAY CONSERVANCY, INC.



Principal Place of Business
**12601 SHADOW RUN BLVD
RIVERVIEW, FL 33569**

Mailing Address
**P.O. BOX 3308
RIVERVIEW, FL 33568**

2. Principal Place of Business - No P.O. Box #

11105 25th St. E

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 178

Suite, Apt. #, etc.



07292008

Chg-NP

CR2E037 (12/06)

City & State
Parrish FL

City & State
Ellenton FL

4. FEI Number
59-3750563

Applied For
Not Applicable

Zip
34219

Country
USA

Zip
34222

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Richard M. Eckenrod**

Street Address (P.O. Box Number is Not Acceptable)
11105 25th St. E.

City **Parrish**

FL

Zip Code
34219

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard M. Eckenrod Executive Director

7/31/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ECKENROD, RICHARD M SEC.**
STREET ADDRESS **P.O. BOX 178**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE **D** ☐ Delete
NAME **MCCREE, HEIDI B**
STREET ADDRESS **2917 WALLCRAFT AVE.**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **D** ☐ Delete
NAME **HEATH, ROBERT V.P.**
STREET ADDRESS **11102 WINN ROAD**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **D** ☒ Delete
NAME **THOMPSON, SARAH A TREAS.**
STREET ADDRESS **814 SOUTH ORLEANS AVE.**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **D** ☒ Delete
NAME **WIESNER-BROWN, TERRY-RENE PRES.**
STREET ADDRESS **23608 HARDWOOD CT**
CITY-ST-ZIP **LUTZ, FL 33559**

TITLE **D** ☒ Delete
NAME **KELLEY, MIKE**
STREET ADDRESS **943 BUNKERVIEW DRIVE**
CITY-ST-ZIP **TAMPA, FL 33572**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition
NAME **Karen Kress**
STREET ADDRESS **7513 Veve Lane**
CITY-ST-ZIP **Tampa FL 33610**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Becky Clayton**
STREET ADDRESS **12319 Woodridge Dr.**
CITY-ST-ZIP **San Antonio, FL 78236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Heidi McCree, President - Heidi McCree 8/1/08

813/334-9098