

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001833

FILED
Feb 14, 2004
Secretary of State**Entity Name:** EMERALD SOCIETY OF TAMPA BAY, INC.**Current Principal Place of Business:**PO BOX 663
THONOTOSASSA, FL 33592**New Principal Place of Business:**PO BOX 3703
APOLLO BEACH, FL 33572**Current Mailing Address:**PO BOX 663
THONOTOSASSA, FL 33592**New Mailing Address:**PO BOX 3703
APOLLO BEACH, FL 33572**FEI Number:** 75-3029716**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STULL, R J
602 SOUTH BLVD
TAMPA, FL 33606 US**Name and Address of New Registered Agent:**STULL, R J
602 SOUTH BLVD.
TAMPA, FL 33606 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: _____

02/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCLAREN, KELLY
Address: PO BOX 663 N/A
City-St-Zip: THONOTOSASSA, FL 33592

Title: 1VPD () Delete
Name: EGAN, LORI
Address: PO BOX 663 N/A
City-St-Zip: THONOTOSASSA, FL 33592

Title: 2VPD () Delete
Name: GILKEY, GARY
Address: PO BOX 663 N/A
City-St-Zip: THONOTOSASSA, FL 33592

Title: TD () Delete
Name: CROISSANT, LISA
Address: PO BOX 663 N/A
City-St-Zip: THONOTOSASSA, FL 33592

Title: SD () Delete
Name: CUSCADEN, TAMMY
Address: P.O. BOX 663
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: ANETIL, ED
Address: PO BOX 663 N/A
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCLAREN, KELLY
Address: PO BOX 3703 N/A
City-St-Zip: APOLLO BEACH, FL 33572

Title: 1VPD (X) Change () Addition
Name: EGAN, LORI
Address: PO BOX 3703 N/A
City-St-Zip: APOLLO BEACH, FL 33572

Title: 2VPD (X) Change () Addition
Name: GILKEY, GARY
Address: PO BOX 3703 N/A
City-St-Zip: APOLLO BEACH, FL 33572

Title: TD (X) Change () Addition
Name: CROISSANT, LISA
Address: PO BOX 3703 N/A
City-St-Zip: APOLLO BEACH, FL 33572

Title: SD (X) Change () Addition
Name: CUSCADEN, TAMMY
Address: P.O. BOX 3703 N/A
City-St-Zip: APOLLO BEACH, FL 33572

Title: D (X) Change () Addition
Name: ANETIL, ED
Address: PO BOX 3703 N/A
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KELLY MCLAREN

PD

02/14/2004

Electronic Signature of Signing Officer or Director

Date