# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2005**
**Secretary of State**

DOCUMENT# N02000001833

**Entity Name:** EMERALD SOCIETY OF TAMPA BAY, INC.

**Current Principal Place of Business:**

PO BOX 3703
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3703
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number: 75-3029716** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STULL, R J
602 SOUTH BLVD.
TAMPA, FL 33606 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: PD ( ) Delete
Name: MCLAREN, KELLY
Address: PO BOX 3703 N/A
City-St-Zip: APOLLO BEACH, FL 33572

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

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

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

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

Title: D ( ) Delete
Name: ANETIL, ED
Address: PO BOX 3703 N/A
City-St-Zip: APOLLO BEACH, 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 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: LISA V. CROISSANT TD 02/05/2005

Electronic Signature of Signing Officer or Director — Date