2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004031

FILED Apr 09, 2007 Secretary of State

Entity Name: TAMPA BAY BEEKEEPERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 721 W ADALEE ST 5339 COUNTY ROAD 579 S. TAMPA, FL 33603 SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** 721 W ADALEE ST PO BOX 2035 TAMPA, FL 33603 SEFFNER, FL 33583 FEI Number: 04-3692311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNAMARA, THOMAS P 2909 BAY TO BAY BOULEVARD SUITE 309 TAMPA, FL 33629 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBERTS, BILL Name: Name: 601 S. TAYLOR ROAD Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: () Delete Title: (X) Change () Addition GODWIN, MICHAEL G Name: GODWIN, MICHAEL G Name: Address: 16759 STATE ROAD 54 Address: 18843 LITHIA PINECREST ROAD City-St-Zip: ODESSA, FL 33556 City-St-Zip: LITHIA, FL 33547 Title: () Delete Title: (X) Change () Addition AMAN, DWIGHT AMAN, DWIGHT Name: Name: 12550 JESS WLADEN RD 3615 HONEY OAKS DRIVE Address: Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: **DOVER, FL 33527** () Delete (X) Change () Addition Title: DP Title: SMITH, DAVID Name: SMITH, DAVID Name: Address: 83333 N CAREY RD Address: 8331 N CAREY RD City-St-Zip: LITHIA, FL 33547 City-St-Zip: LITHIA, FL 33547 Title: OΡ () Delete Title: () Change () Addition ALDERMAN, JIM Name: Name: 6129 20TH ST. Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: (X) Change () Addition STREETER, NICHOLAS J HALL JANE M Name: Name: Address: 721 W ADALEE ST Address: 1505 PINETOP DRIVE EAST TAMPA, FL 33603 LAKELAND, FL 33809 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JANE M. HALL O 04/09/2007