

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004031

FILED
Jan 21, 2009
Secretary of State

Entity Name: TAMPA BAY BEEKEEPERS ASSOCIATION, INC.

Current Principal Place of Business:

5339 COUNTY ROAD 579 S.
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

PO BOX 2035
SEFFNER, FL 33583

New Mailing Address:

FEI Number: 04-3692311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P
2909 BAY TO BAY BOULEVARD
SUITE 309
TAMPA, FL 33629 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: D () Delete
Name: ROBERTS, BILL
Address: 601 S. TAYLOR ROAD
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: SMITH, DAVID
Address: 8331 N. CAREY ROAD
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: AMAN, DWIGHT
Address: 3615 HONEY OAKS DRIVE
City-St-Zip: DOVER, FL 33527

Title: OP (X) Delete
Name: HAMMOND, CHARLIE
Address: 14600 DUANE ST.
City-St-Zip: SPRING HILL, FL 34610

Title: OVP () Delete
Name: MESSINEO, ROBERT
Address: 8905 ANNAMARIA WAY
City-St-Zip: ODESSA, FL 33556

Title: OT () Delete
Name: HALL, JANE M
Address: 1505 PINETOP DRIVE EAST
City-St-Zip: LAKE LAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OP (X) Change () Addition
Name: SMITH, DAVID
Address: 8331 N. CAREY ROAD
City-St-Zip: LITHIA, FL 33547

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: OT (X) Change () Addition
Name: LANG, JOYCE I
Address: 407 LAUREL PARK PLACE
City-St-Zip: SEFFNER, FL 33584

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: JOYCE I. LANG

OT

01/21/2009

Electronic Signature of Signing Officer or Director

Date