

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004031

FILED  
Feb 13, 2012  
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 33584

**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:**

WOOLHEATER, STEVEN  
309 BLOOMINGFIELD DR.  
BRANDON, FL 33511 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: STEVEN WOOLHEATER

02/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: OP  
Name: SMITH, DAVID  
Address: 8331 CAREY RD.  
City-St-Zip: LITHIA, FL 33547

Title: OT  
Name: WOOLHEATER, STEVEN  
Address: 309 BLOOMINGFIELD DR.  
City-St-Zip: BRANDON, FL 33511

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

Title: OVP  
Name: CARTER, MILES  
Address: 407 LAUREL PARK PLACE  
City-St-Zip: SEFFNER, FL 33584

I hereby 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 all other like empowered.

SIGNATURE: STEVEN WOOLHEATER

OT

02/13/2012

Electronic Signature of Signing Officer or Director

Date