

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 06, 2012
Secretary of State

DOCUMENT# N02000004031

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:**WOOLHEATER, STEVEN
309 BLOOMINGFIELD DR.
BRANDON, FL 33511 US**Name and Address of New Registered Agent:**TAMPA BAY BEEKEEPERS
5339 COUNTY RD 579 S.
SEFFNER, FL 33584 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: JAN ALLEN

10/06/2012

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: WARD, FELICIA
Address: 5510 N. HIMES AVE APT 1106
City-St-Zip: TAMPA, FL 33614**Title:** OS
Name: ALLEN, JAN
Address: 2212 JAN MAR DR
City-St-Zip: AUBURNDALE, FL 33823**Title:** OVP
Name: WALKER, JOHNNY
Address: 8224 131ST WAY N.
City-St-Zip: SEMINOLE, FL 33776

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: JAN ALLEN

SEC

10/06/2012

Electronic Signature of Signing Officer or Director_____
Date