

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 15, 2011**  
**Secretary of State**

DOCUMENT# N06000010860

**Entity Name:** PASTEL SOCIETY OF TAMPA BAY INC**Current Principal Place of Business:**1722 HICKORY GATE DR. S.  
GAILNOELFG@AOL.COM  
DUNEDIN, FL 34698 US**New Principal Place of Business:**1722 HICKORY GATE DR. S.  
DUNEDIN, FL 34698 US**Current Mailing Address:**1722 HICKORY GATE DR. S.  
DUNEDIN, FL 34698 US**New Mailing Address:****FEI Number:** 13-4355026**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GAMBLE, GAIL F  
1722 HICKORY GATE DR. S.  
DUNEDIN, FL 34698 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: P  
Name: GAMBLE, GAIL F  
Address: 1722 HICKORY GATE DR. S.  
City-St-Zip: DUNEDIN, FL 34698 US

Title: SEC  
Name: POTOCKI, LORRAINE  
Address: 1412 TREETOP DR.  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: TREA  
Name: POTOCKI, LORRAINE  
Address: 1412 TREETOP DR.  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: ADV  
Name: ALLISON, BROOKE  
Address: 1654 MCKAY CT.  
City-St-Zip: DUNEDIN, FL 34698 US

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: GAIL F. GAMBLE

P

09/15/2011

Electronic Signature of Signing Officer or Director

Date