## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000005116

FILED Jan 12, 2012 Secretary of State

Entity Name: FRIENDS OF THE TAMPA BAY NATIONAL WILDLIFE REFUGES, INC.

Current Principal Place of Business: New Principal Place of Business:

1502 SE KINGS BAY DR. CRYSTAL RIVER, FL 34429

Current Mailing Address: New Mailing Address:

P.O. BOX 40782

ST. PETERSBURG, FL 337430782

FEI Number: 61-1564179 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOWARD, BARBARA 2829 SKIMMER POINT DR. SOUTH GULFPORT, FL 33707 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:** 

Title: PRES

Name: HOWARD, BARBARA

Address: 2829 SKIMMER POINT DR. SOUTH

City-St-Zip: GULFPORT, FL 33707

Title: SEC

Name: GALIARDO, JOYCE
Address: 10456 SHADY OAK LANE
City-St-Zip: LARGO, FL 33777

Title: TREA

 Name:
 GRUBER, MARTHA

 Address:
 238 83RD AVENUE NORTH

 City-St-Zip:
 ST PETERSBURG, FL 33702

Title: DIR

 Name:
 KANDZ, DAVID

 Address:
 9685 2ND ST NORTH

 City-St-Zip:
 ST PETERSBURG, FL 33702

Title: VP

Name: FUNK, JENNIFER

Address: 10080 11TH STREET NORTH APT # 104

City-St-Zip: ST. PETERSBURG, FL 33716

Title: DIR

 Name:
 JOHNSON, JANICA

 Address:
 380 79TH STREET SOUTH

 City-St-Zip:
 ST PETERSBURG, FL 33707

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: BARBARA HOWARD PRES 01/12/2012