


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90050 021 ****61.25


DOCUMENT # N21439	
1. Entity Name TAMPA BAY AREA CAMELLIA SOCIETY, INC.	

Principal Place of Business 321 N. TAYLOR RD SEFFNER, FL 33584 US	Mailing Address 4116 STONEWOOD DR BRANDON, FL 33511-5305 US
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2. Principal Place of Business 321 N Taylor Rd Suite, Apt. #, etc.	3. Mailing Address 501 Royal Wood Ct Suite, Apt. #, etc.
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City & State Seffner FL	City & State Valrico FL
Zip 33584	Country US
Zip 33594	Country US

6. Name and Address of Current Registered Agent DUBOSE, PAUL P 321 N. TAYLOR RD SEFFNER, FL 33584	
7. Name and Address of New Registered Agent Name DuBose Paul P. Street Address (P.O. Box Number is Not Acceptable) 501st Royal Wood Ct City Valrico FL Zip Code 33594	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE March 10, 2005
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T	<input checked="" type="checkbox"/> Delete NAME WHITT, SARAH STREET ADDRESS 4116 STONEWOOD DR CITY-ST-ZIP BRANDON, FL 335715305	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Mary MacArthur STREET ADDRESS 522 Julie Lane CITY-ST-ZIP Brandon, FL 33511
TITLE VP	<input checked="" type="checkbox"/> Delete NAME HART, EILEEN STREET ADDRESS 16928 CROWLEY RD CITY-ST-ZIP ODESSA, FL 33556	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Connor, Beverly STREET ADDRESS 37126 FRAZEE HILL Rd CITY-ST-ZIP DADE CITY, FL 33523
TITLE P	<input checked="" type="checkbox"/> Delete NAME SPENCER, JACK STREET ADDRESS 5404 MARINA COVE CITY-ST-ZIP LAKELAND, FL 33813	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Popovich, Livia STREET ADDRESS 321 N Taylor Rd CITY-ST-ZIP Seffner, FL 33584
TITLE SD	<input checked="" type="checkbox"/> Delete NAME CONNOR, BEVERLY STREET ADDRESS 37126 FRAZEE HILL RD CITY-ST-ZIP DADE CITY, FL 33523	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Paul P. DuBose STREET ADDRESS 501 Royal Wood Ct CITY-ST-ZIP Valrico, FL 33594
TITLE D	<input checked="" type="checkbox"/> Delete NAME SHIRAH, JOHN JR STREET ADDRESS 8220 WALT WILLIAMS RD CITY-ST-ZIP LAKELAND, FL 33809	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Santini, Dan STREET ADDRESS 407 Peninsular Drive CITY-ST-ZIP Lakeland, FL 33813
TITLE D	<input checked="" type="checkbox"/> Delete NAME SPOONER, NANCY STREET ADDRESS 2908 S MILLER RD CITY-ST-ZIP VALRICO, FL 33594	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Whitt, Sarah STREET ADDRESS 4116 StoneWood Dr CITY-ST-ZIP Brandon, FL 33511

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE March 10, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone # 813-685-2033	