

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21439

FILED
Mar 18, 2009
Secretary of State

Entity Name: TAMPA BAY AREA CAMELLIA SOCIETY, INC.

Current Principal Place of Business:

522 JULIE LANE
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

522 JULIE LANE
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 59-2829505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACARTHUR, MARY
522 JULIE LANE
BRANDON, FL 33511 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 () Delete
Name: CONNOR, BEVERLY
Address: 37126 FRAZEE HILL ROAD
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: POWERS, SUE
Address: 13120 HWY 92
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: MACARTHUR, MARY
Address: 522 JULIE LANE
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: SANTINI, DAN
Address: 407 PENINSULAR DRIVE
City-St-Zip: LAKE LAND, FL 33813

Title: D () Delete
Name: DIGAN, MARY
Address: 110 HIBRITEN WAY
City-St-Zip: LAKE LAND, FL 33803

Title: D () Delete
Name: GOLDEN, BILL
Address: 808 WALSHINGHAM WAY
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY MACARTHUR

T

03/18/2009

Electronic Signature of Signing Officer or Director

Date