



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90319 021 ****61.25

DOCUMENT # N24811 1. Entity Name BRITISH COMMONWEALTH SOCIETY OF TAMPA BAY INCORPORATED					
Principal Place of Business PO BOX 261706 TAMPA, FL 33685-1706				Mailing Address PO BOX 261706 TAMPA, FL 33685-1706	
2. Principal Place of Business PO BOX 7085		3. Mailing Address PO BOX 7085			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132004 Chg-NP CR2E037 (10/03)	
City & State HUDSON, FL		City & State HUDSON, FL		4. FEI Number 59-2890902	
Zip 34674-7085		Country US.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNER-HART, KATHLEEN 5608 A SAILFISH DR LUTZ, FL 33558		7. Name and Address of New Registered Agent Name SARA WALKER Street Address (P.O. Box Number is Not Acceptable) 22161 EAST LAKE LOOP City LAND O LAKES FL Zip Code 34639			
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 <u><i>Sara Walker</i></u> 4/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARNER, DAVID 5408 S ELKINS STREET TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HAZEL CALLADINE 1702 LULLWATER LANE LUTZ, FL, 33549
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARD, PETER 8234 MALVERN CIRCLE TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARA WALKER 22161 EAST LAKE LOOP LAND O LAKES, FL, 34639
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNER-HART, KATHLEEN 5608 A SAILFISH DR LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SANDRA JARRETT 12728 TAR FLOWER DR TAMPA, FL, 33628
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS KNIGHT, JANE 14013 BASIN ST. TAMPA, FL 33625	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS SHEENA MURRAY 21601 TRUMPETER DR. LAND O LAKES, FL, 34639
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOMBS, PAT 5697 KINGFISH #D LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Sara Walker</i></u> SARA WALKER 4/14/04 813-948-8801 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					