2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# N24811

Entity Name: BRITISH COMMONWEALTH SOCIETY OF TAMPA BAY INCORPORATED

Current Principal Place of Business:

PO BOX 7085
HUDSON, FL 346747085

New Principal Place of Business:

Current Mailing Address:

PO BOX 7085
HUDSON, FL 346747085

New Mailing Address:

FEI Number: 59-2890902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, SARA
22161 EAST LAKE LOOP
LAND O LAKES, FL 34639 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: PD ( ) Delete
Name: GARNER, DAVID
Address: 5408 S ELKINS STREET
City-St-Zip: TAMPA, FL 33611

Title: VD ( ) Delete
Name: CALLADINE, HAZEL
Address: 1702 LULLWATER LANE
City-St-Zip: LUTZ, FL 33549

Title: T ( ) Delete
Name: WALKER, SARA
Address: 22161 EAST LAKE LOOP
City-St-Zip: LAND O LAKES, FL 34639

Title: SD ( ) Delete
Name: JARRETT, SANDRA
Address: 12728 TARFLOWER DR.
City-St-Zip: TAMPA, FL 33625

Title: SS ( ) Delete
Name: MURRAY, SHEENA
Address: 21601 TRUMPETER DR.
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: HAWKINS, MARSTON
Address: 22161 EAST LOAKE LOOP
City-St-Zip: LAND O LAKES, FL 34639

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

Title: SD (X) Change ( ) Addition
Name: DERRICK, DOROTHY
Address: 8510 PINE HURST DR
City-St-Zip: TAMPA, FL 33615

Title: SS (X) Change ( ) Addition
Name: SOWRY, PETER
Address: 1025 WISPER RUN CT
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SARA WALKER T 04/24/2005

Electronic Signature of Signing Officer or Director — Date