DOCUMENT # N24811

1. Entity Name
BRITISH COMMONWEALTH SOCIETY OF TAMPA BAY

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FILED Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90082 022 ****61.25

INCORPORATED	
Principal Place of Business	Mailing Address
124 FLAGSHIP DR	PO BOX 7085

INCORPORATED					TEE						
124 FLAGSHIP DR PO B		PO BO	ng Address BOX 7085 DSON, FL 34674-7085				ilmi dadir Bizil Masa				
Principal Place of Business - No P.O. Box #											
Suite, Apt. #, etc. Si		Suite	Suite, Apt. #, etc.			04182008	Chg-NP	CR2E03	7 (12/06)		
City & State Ci			City & State			4. FEI Number 59-2890			Applied For		
Zip	Country	Zip		Country		5. Certificate of	of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered	l Agent			7. Name and	Address of New	Registered A	gent		
WALKED	SADA			Name							
WALKER, SARA 22161 EAST LAKE LOOP LAND O LAKES, FL 34639			Street A	Street Address (P.O. Box Number is Not Acceptable)							
				City				FL	Zip Code		
	named entity submits this statement to ons of registered agent.	r the purpo	se of changing its rep	gistered office or	register	red agent, or both	n, <u>Andread</u> e no	A STATE OF THE STA	Property of the state of the st		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applic	cable. (NOTE: Ro	egistered Agent signat	ure required	d when remetating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.			FI	Make check orida Depart	payable to merit of State			
10.	OFFICERS AND DI	RECTORS		11,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROYER, PEARL 7303 MONTEREY BLVD TAMPA, FL 33625		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROB 170	ERT CA 2 LULL TZ FL	WATER	LANE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DERRICK, DOROTHY 8510 PINE HURST DR. TAMPA, FL 33615		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, SARA 22161 EAST LAKE LOOP LAND O LAKES, FL 34639		Desir ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALLADINE, HAZEL 1702 LULLWATER LANE LUTZ, FL 33549		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS SCHUMAL, HELEN 16605 NORWOOD DR. TAMPA, FL 33624		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the chapter 617 is an address, with all other like empowered.