


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90200 033 \*\*\*\*61.25

<b>DOCUMENT # N39300</b> 1. Entity Name <b>THE BROMELIAD GUILD OF TAMPA BAY, INC.</b>																																																																																																																																															
Principal Place of Business <b>7224 56TH AVE. SAINT PETERSBURG, FL 33709 US</b>			Mailing Address <b>7224 56TH AVE. SAINT PETERSBURG, FL 33709 US</b>																																																																																																																																												
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Zip		Country		Zip																																																																																																																																											
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6. Name and Address of Current Registered Agent  <b>PRINS, EILEEN 7224 56TH AVE N SAINT PETERSBURG, FL 33709</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																															
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																											
<b>Make check payable to Florida Department of State</b>																																																																																																																																															
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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.																																																																																																																																															
<b>SIGNATURE:</b> <i>Eileen Prins</i> <b>TREAS</b> <i>EILEEN PRINS</i> <b>5/1/05</b> <b>727-546-9890</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																															