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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005044 (3)

1. Corporation Name

TAMPA BAY AQUARIUM SOCIETY, INC.



Principal Place of Business

Mailing Address

11915 SUGAR TREE DR
TAMPA FL 33625
US11915 SUGAR TREE DR
TAMPA FL 33625-5679
US3. Date Incorporated or Qualified
11/09/19933a. Date of Last Report
06/04/1996

2. Principal Place of Business

2a. Mailing Address

21 14954 Lake Forrest Dr

25 14954 Lake Forrest Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lutz FL

28 Lutz FL

Zip

Zip

24 33549

29 33549

Country

Country

25 US

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONCRIEF, PATTY S
11915 SUGAR TREE DR
TAMPA FL 33625

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

14954 Lake Forrest Dr

83

84 City Lutz

FL

85 Zip Code 33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SKIDMORE, BRIAN
STREET ADDRESS 11915 SUGAR TREE DR
CITY-ST-ZIP TAMPA FL1.1 TITLE DP
1.2 NAME SHIELDS, BILL
1.3 STREET ADDRESS 14954 Lake Forrest Dr
1.4 CITY-ST-ZIP Lutz FL 33549TITLE DV
NAME PETERSON, JOHN
STREET ADDRESS 11915 SUGAR TREE DR
CITY-ST-ZIP TAMPA FL2.1 TITLE DV
2.2 NAME Peterson, John
2.3 STREET ADDRESS 14954 Lake Forrest Dr
2.4 CITY-ST-ZIP Lutz, FL 33549TITLE DS
NAME PETERSON, JUDY
STREET ADDRESS 11915 SUGAR TREE DR
CITY-ST-ZIP TAMPA FL3.1 TITLE DS
3.2 NAME BRISSON, JODY
3.3 STREET ADDRESS 14954 Lake Forrest Dr.
3.4 CITY-ST-ZIP Lutz, FL 33549TITLE DT
NAME MONCRIEF, PATTY
STREET ADDRESS 11915 SUGAR TREE DR
CITY-ST-ZIP TAMPA FL4.1 TITLE DT
4.2 NAME MONCRIEF, Patty
4.3 STREET ADDRESS 14954 Lake Forrest Dr
4.4 CITY-ST-ZIP Lutz, FL 33549TITLE D
NAME SHIELDS, BILL
STREET ADDRESS 11915 SUGAR TREE DR
CITY-ST-ZIP TAMPA FL5.1 TITLE D
5.2 NAME SKIDMORE BRIAN
5.3 STREET ADDRESS 14954 Lake Forrest Dr
5.4 CITY-ST-ZIP Lutz, FL 33549TITLE D
NAME STAGNO, ROBERT
STREET ADDRESS 11915 SUGAR TREE DR
CITY-ST-ZIP TAMPA FL6.1 TITLE D
6.2 NAME stagno, Robert
6.3 STREET ADDRESS 14954 Lake Forrest Dr
6.4 CITY-ST-ZIP Lutz, FL 33549

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or on an attachment with an address.

SIGNATURE:

Patty Moncrief
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-97

788-5782413
Daytime Phone # 0048812

CR2E037 (9/96)