FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300005044 (3)

TAMPA BAY AQUARIUM SOCIETY, INC.

FILED May 20 1998 8:00am Secretary of State

Principal Plac	ce of Busines	s	Ма	iling Address					n sennisas aim salam tinit antin éntin é	ifini Affili A	ALAI AEIEI AAII	A WINST #183 1881	
14954 LAKE F LUTZ FL 3354 US				54 LAKE FORREST DR Z FL 33549	İ				Date Incorporated or Qualified 11/09/1993 FEI Number NOT APPLICABLE			Applied For Not Applicable	
2. Principal Place of Business				2a. Mailing Address				 				Additional	
हो .				26				5. (Certificate of Status Desired			Required	
SHIP ADI # PIC				Suite, Apt. #, etc.					Election Campaign Financing	_		May Be	
22 City & State				City & State					Trust Fund Contribution			to Fees	
23 City & Sta			28	Oily & State				7.	ls this nonprofit corporation a ho		rs associat D No	ion?	
] Zip		Country		Zip	Cou	intry		8.	This corporation owes or has pa	id the cu	rrent year	Intangible	
24	4 25			29 30					Personal Property Tax due June	30. [Yes	□ No	
9. Name and Address of Current Registered Agent						ļ.,		10.	Name and Address of New Re	glatered	Agent		
MONCRIEF, PATTY S 14954 LAKE FORREST DR						82 Street Address (P.O. Box Number is Not Acceptable) 83							
						84	City			FL	.	p Code	
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		or printed name of registered		anninghin (NO)	C. Danietare	- 1 1	nt signature requir		alastation)	DATE			
12.	Signature, typeo		AND DIREC		13.	a Age	nt signature raqui		DDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12	
TITLE	D	Or House	THIS SHILLS	DELETE	1.1 TI	TLE	ים	7			Change		
NAME	SKIDMO	RE, BRIAN			1.2 N	AME	Pe	ter	son, JUDI,		_ •	V	
STREET ADDRESS	-	AKE FORREST DR			1.3 \$	TREET	ADDRESS 14	1954	son, Judi 1 Lake Forrest	Do			
CITY-ST-ZIP	LUTZ FL				1.4 C	ITY-S		ر عان	FL				
TITLE	DV			DELETE	2.1 TI	TLE	0			-	Change	e Addition	
NAME	PETERS	ON, JOHN			2.2 N	AME	Pe	tea	son, John Lake forrest [٠.			
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TITLE	DT			☐ DELETE	4.1 TO	ILŁ	1				Change	e 🔲 Addition	

14. 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 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 if changed, or organ altigochment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CHATURE SALL MONEY

MONCRIEF, PATTY

LUTZ FL

LUTZ FL

WTZ FL

SHIELDS, BILL

STAGNO, ROBERT

14954 LAKE FORREST DR

14954 LAKE FORREST DR

14954 LAKE FORREST DR

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

L-11-80

12 6×12/10

☐ Change

Addition

Addition

CR2E037 (10/97)