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Secretary of State

05-07-1999 90174 037 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005044

1. Corporation Name

TAMPA BAY AQUARIUM SOCIETY, INC.

Principal Place of Business

14954 LAKE FORREST DR
LUTZ FL 33549
US

Mailing Address

14954 LAKE FORREST DR
LUTZ FL 33549
US



2. Principal Place of Business

21 11308 Donney Moore Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 1905
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
11/09/1993

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

23 City & State
Riverview, FL
Zip Country

27 City & State
Riverview, FL
Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

24 33569 25

29 33569 30

9. Name and Address of Current Registered Agent

MONCRIEF, PATTY S
14954 LAKE FORREST DR
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
Judi J. Peterson
82 Street Address (P.O. Box Number is Not Acceptable)
11308 Donney Moore Dr
83 Riverview, FL
84 City FL 85 Zip Code
33569

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME PETERSON, JUDI
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL

TITLE D ☐ DELETE
NAME PETERSON, JOHN
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL

TITLE D ☒ DELETE
NAME WALLACE, LLOYD
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL

TITLE DT ☐ DELETE
NAME MONCRIEF, PATTY
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL

TITLE DP ☐ DELETE
NAME SHIELDS, BILL
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL

TITLE D ☒ DELETE
NAME STAGNO, ROBERT
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☒ Change ☐ Addition
1.2 NAME Peterson, Judi
1.3 STREET ADDRESS 11308 Donney Moore Dr
1.4 CITY-ST-ZIP Riverview, FL 33569

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Peterson, John
2.3 STREET ADDRESS 11308 Donney Moore Dr
2.4 CITY-ST-ZIP Riverview, FL 33569

3.1 TITLE DU ☐ Change ☒ Addition
3.2 NAME WAYNE STEACKER
3.3 STREET ADDRESS 10265 Gandy Blvd #1102
3.4 CITY-ST-ZIP St Petersburg, FL 33702

4.1 TITLE DP ☒ Change ☐ Addition
4.2 NAME Moncrief, Patty
4.3 STREET ADDRESS 10265 Gandy Blvd #1102
4.4 CITY-ST-ZIP St Petersburg, FL 33702

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Shields, Bill
5.3 STREET ADDRESS 14954 LAKE FORREST DR
5.4 CITY-ST-ZIP Lutz, FL

6.1 TITLE DS ☐ Change ☐ Addition
6.2 NAME GUYMON J ELLIS
6.3 STREET ADDRESS 14550 BRUCE B AVOODS BLVD #2847
6.4 CITY-ST-ZIP TAMPA FL 33613

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

813-289-6444

CR2E037 (11/98)