

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005044

FILED
Mar 05, 2007
Secretary of State

Entity Name: TAMPA BAY AQUARIUM SOCIETY, INC.

Current Principal Place of Business:

701 CHANNEL SIDE DR.
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27044
TAMPA, FL 33623 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONCRIEF, PATTY
238 93RD AVE. NORTH
SAINT PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOCKETT, CHRIS
Address: 5953 TANGLEWOOD DR NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: DT () Delete
Name: MONCRIEF, PATTY
Address: 238 93RD AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: DS () Delete
Name: FRIESON, JACKIE
Address: 9975 LAKE LOWERY RD
City-St-Zip: HAINES CITY, FL 33844

Title: DV () Delete
Name: FRIESON, KEN
Address: 9975 LAKE LOWERY RD
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: CARDINALE, ANGELO
Address: 3232 LAKE PINE WAY EAST
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: FRIAS, THELMA
Address: PO BOX 1434
City-St-Zip: GIBSONTOWN, FL 33534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EMMONS, JOE
Address: 1385 SATSUMA
City-St-Zip: CLEARWATER, FL 33764

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTY MONCRIEF

DT

03/05/2007

Electronic Signature of Signing Officer or Director

Date