2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005044

Entity Name: TAMPA BAY AQUARIUM SOCIETY, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

701 CHANNEL SIDE DR. TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

P.O. BOX 27044 TAMPA, FL 33623 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Flacture in Circumstance of Descietance of Accord

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: D (X) Change () Addition Name: FRIESON, KEN Name: HEAGEY, BOB

Address: 9975 LAKE LOWERY RD Address: 5026 17TH ST NORTH

Address: 9975 LAKE LOWERY RD Address: 5026 17TH ST NORTH
City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: ST PETERSBURG, FL 33702

Title: DT () Delete Title: () Change () Addition Name: MONCRIEF, PATTY Name:

 Name:
 MONCRIEF, PATTY
 Name:

 Address:
 238 93RD AVE. NORTH
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33702
 City-St-Zip:

 Name:
 FRIESON, JACKIE
 Name:
 DARIN, HENRY

 Address:
 9975 LAKE LOWERY RD
 Address:
 10907 SAILBROOKE DR

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 RIVERVIEW, FL 33710

Title: DV () Delete Title: DP (X) Change () Addition

 Name:
 PAPP, JOHN
 Name:
 PAPP, JOHN

 Address:
 412 ROSIER RD
 Address:
 412 ROSIER RD

 City-St-Zip:
 BRANDON, FL
 City-St-Zip:
 BRANDON, FL

Title: D () Delete Title: DV (X) Change () Addition

 Name:
 EMMONS, JOE
 Name:
 LOBELLO, MIKE

 Address:
 1385 SATSUMA
 Address:
 4522 PEARL AVE

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 TAMPA, FL 33611

Title: D () Delete Title: () Change () Addition

 Name:
 FRIAS, THELMA
 Name:

 Address:
 PO BOX 1434
 Address:

 City-St-Zip:
 GIBSONTON, FL 33534
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 04/14/2009