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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005521 (0)
1. Corporation Name
TAMPA BAY BIRD CLUB, INC.

Principal Place of Business: **5401 LAND O'LAKES LAND O'LAKES FL 34639**
Mailing Address: **PO BOX 515 SAN ANTONIO FL 33674-0515**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25** Zip: **29** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1993** 3a. Date of Last Report: **02/18/1994**

4. FEI Number: **59-3146653** Applied For: Not Applicable:

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CARTER, KATHRYN W
34308 RUFFING RD.
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: KLINK, SALLIE STREET ADDRESS: 14415 DABNEY COURT CITY-ST-ZIP: SPRING HILL FL 34610	TITLE: D NAME: George Carter STREET ADDRESS: 34308 Ruffing Road CITY-ST-ZIP: Dade City, FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VD NAME: TATE, DEL STREET ADDRESS: 22110 BRISK DR. CITY-ST-ZIP: ZEPHYRHILLS FL 33543	TITLE: D NAME: Paul Arnstein STREET ADDRESS: 15129 Garson Loop CITY-ST-ZIP: Spring Hill, FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: SD NAME: CARTER, KATHY STREET ADDRESS: 34308 RUFFING RD. CITY-ST-ZIP: DADE CITY FL 33525	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: OVERTURF, NOLA STREET ADDRESS: 35838 CHAUNCEY RD. CITY-ST-ZIP: ZEPHYRHILLS FL 33541	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: FEIEREBAND, KEITH STREET ADDRESS: 5798 ULKMERTON DR., #103 CITY-ST-ZIP: CLEARWATER FL 34620	TITLE: D NAME: Lee Boyett STREET ADDRESS: 4363 Spring Lake Highway CITY-ST-ZIP: Brooksville, FL 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: O'BERRY, P C STREET ADDRESS: PO BOX 675 N/A CITY-ST-ZIP: LACOOCHEE FL 33537-0675	TITLE: D NAME: Karen Mylin STREET ADDRESS: 3407 Rackley Rd. CITY-ST-ZIP: Brooksville, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy Carter* **KATHY CARTER** 2/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR