

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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**

3. Date Incorporated or Qualified: **12/08/1993**  
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3146653		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARTER, KATHRYN W 34308 RUFFING RD. DADE CITY FL 33525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLINK, SALLIE		1.2 NAME	O'BERRY, PHILIP C.			
STREET ADDRESS	14415 DABNEY COURT		1.3 STREET ADDRESS	Iacoochee, FL 33537			
CITY-ST-ZIP	SPRING HILL FL 34610		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TATE, DEL		2.2 NAME	ARNSTEIN, PAUL			
STREET ADDRESS	22110 BRISK DR.		2.3 STREET ADDRESS	15129 GARSON LOOP			
CITY-ST-ZIP	ZEPHYRHILLS FL 33543		2.4 CITY-ST-ZIP	SPRING HILL, FL 34610			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, KATHY		3.2 NAME	HECTOR, ELAINE			
STREET ADDRESS	34308 RUFFING RD.		3.3 STREET ADDRESS	7614 BARRY RD.			
CITY-ST-ZIP	DADE CITY FL 33525		3.4 CITY-ST-ZIP	TAMPA, FL 33615-2407			
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OVERTURF, NOLA		4.2 NAME	GREEN, GWEN			
STREET ADDRESS	35836 CHAUNCEY RD.		4.3 STREET ADDRESS	32304 MARCHMONT			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		4.4 CITY-ST-ZIP	RIDGE MANOR 33525			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYETT, LEE		5.2 NAME				
STREET ADDRESS	4363 SPRING LAKE HWY		5.3 STREET ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYLIN, KAREN		6.2 NAME	BOYETT, IRMA			
STREET ADDRESS	3407 RACKLEY ROAD		6.3 STREET ADDRESS	4363 SPRING LAKE HWY			
CITY-ST-ZIP	BROOKSVILLE FL		6.4 CITY-ST-ZIP	BROOKSVILLE, FL 33			

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 119.07(3)(k), 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.

SIGNATURE: *Philip C. O'Berry* DATE: 3/4/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

352-583-2888  
352-567-2957