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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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KLINK, SALLIE	
STREET ADDRESS	14415 DABNEY COURT	
CITY - ST - ZIP	SPRING HILL FL 34610	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TATE, DEL	
STREET ADDRESS	22110 BRISK DR.	
CITY - ST - ZIP	ZEPHYRHILLS FL 33543	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, KATHY	
STREET ADDRESS	34308 RUFFING RD.	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OVERTURF, NOLA	
STREET ADDRESS	35836 CHAUNCEY RD.	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYETT, LEE	
STREET ADDRESS	4363 SPRING LAKE HWY	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MYLIN, KAREN	
STREET ADDRESS	3407 RACKLEY ROAD	
CITY - ST - ZIP	BROOKSVILLE FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'BERRY, PHILIP C.	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	Lacoochee, FL 33537	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARNSTEIN, PAUL	
2.3 STREET ADDRESS	15129 GARSON LOOP	
2.4 CITY - ST - ZIP	SPRING HILL, FL 34610	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HECTOR, ELAINE	
3.3 STREET ADDRESS	7614 BARRY RD.	
3.4 CITY - ST - ZIP	TAMPA, FL 33615-2407	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GREEN, GWEN	
4.3 STREET ADDRESS	32304 MARCHMONT	
4.4 CITY - ST - ZIP	RIDGE MANOR 33525	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BOYETT, IRMA	
6.3 STREET ADDRESS	4363 SPRING LAKE HWY	
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96
Date

352-583-2888
Daytime Phone

352-567-2957
Evening Phone

CR2E037 (12/95)