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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
5401 LAND O'LAKES  
LAND O'LAKES FL 34639 PO BOX 515  
SAN ANTONIO FL 33576-0515

3. Date Incorporated or Qualified 12/08/1993  
3a. Date of Last Report 03/11/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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  
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 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 \_\_\_\_\_ (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	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BERRY, PHILIP C.	1.2 NAME	JAMES LUCAS
STREET ADDRESS	14415 DABNEY COURT	1.3 STREET ADDRESS	760 E. MILLER RD.
CITY-ST-ZIP	LACOOCHEE FL	1.4 CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNSTEIN, PAUL	2.2 NAME	JULIO HECTOR
STREET ADDRESS	15129 GARSON LOOP	2.3 STREET ADDRESS	7614 BARRY RD.
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	TAMPA, FL 33615-2407
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECTOR, ELAINE	3.2 NAME	FILIBERTO, BARROSO
STREET ADDRESS	7614 BARRY ROAD	3.3 STREET ADDRESS	6410 N. CLARK AVE.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVERTURF, NOLA	4.2 NAME	CARTER, GEORGE
STREET ADDRESS	35836 CHAUNCEY RD.	4.3 STREET ADDRESS	34308 RUFFING RD.
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	4.4 CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYETT, LEE	5.2 NAME	P.C. O'BERRY
STREET ADDRESS	4363 SPRING LAKE HWY	5.3 STREET ADDRESS	P.O. BOX 675
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	LACOOCHEE, FL 33537-0675 N/A
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYETT, IRMA	6.2 NAME	O'BERRY, KARLA
STREET ADDRESS	4363 SPRING LAKE HWY	6.3 STREET ADDRESS	P.O. BOX 675
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	LACOOCHEE, FL 33537-0675 N/A

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)