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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000005521 (0)

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

4. FEI Number: 59-3146653

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 630 Sunset Lane, 22 City & State: Lutz FL, 23 Zip: 34617, 24 Country: USA

2a. Mailing Address: 26 PO BOX 27323, 27 City & State: TAMPA FL, 28 Zip: 33623, 29 Country: USA

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, 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	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: LUCAS, JAMES	
STREET ADDRESS: 760 E. MILLER RD.	
CITY-ST-ZIP: DADE CITY FL	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: HECTOR, JULIO	
STREET ADDRESS: 7614 BARRY RD.	
CITY-ST-ZIP: TAMPA FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: HECTOR, ELAINE	
STREET ADDRESS: 7614 BARRY ROAD	
CITY-ST-ZIP: TAMPA FL	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: OVERTURF, NOLA	
STREET ADDRESS: 35836 CHAUNCEY RD.	
CITY-ST-ZIP: ZEPHYRHILLS FL 33541	
TITLE: D	<input type="checkbox"/> DELETE
NAME: O'BERRY, P.C.	NA
STREET ADDRESS: P.O. BOX 675	
CITY-ST-ZIP: LACOOCHEE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: O'BERRY, KARLA	NA
STREET ADDRESS: P.O. BOX 675	
CITY-ST-ZIP: LACOOCHEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: HECTOR, JULIO	
1.3 STREET ADDRESS: 7614 BARRY RD	
1.4 CITY-ST-ZIP: TAMPA FL	
2.1 TITLE: VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: GEORGE CARTER	
2.3 STREET ADDRESS: 34308 Ruffing Rd	
2.4 CITY-ST-ZIP: DADE CITY, FL 33523	
3.1 TITLE: SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: P.C. O'BERRY	NA
3.3 STREET ADDRESS: PO BOX 675	
3.4 CITY-ST-ZIP: LACOOCHEE FL 33537-0675	
4.1 TITLE: TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: KARLA P. O'BERRY	NA
4.3 STREET ADDRESS: PO. BOX 675	
4.4 CITY-ST-ZIP: LACOOCHEE FL 33537-0675	
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:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I 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: P.C. O'BERRY, P.O. O'BERRY 2/2/08 (202) 503-2507

CR2E037 (10/97)