

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/08/1993	
4. FEI Number 59-3146653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 630 Sunset Lane.	2a. Mailing Address 26 PO BOX 27323
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22 Lutz, FL	City & State 27 TAMPA FL
Zip 23 34639	Zip 28 33623
Country 24 USA	Country 29 USA

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LUCAS, JAMES 760 E. MILLER RD. DADE CITY FL	1.1 TITLE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	HECTOR, JULIO 7614 BARRY RD. TAMPA FL	1.2 NAME HECTOR JULIO	
TITLE SD	HECTOR, ELAINE 7614 BARRY ROAD TAMPA FL	1.3 STREET ADDRESS 7614 BARRY RD	
TITLE TD	OVERTURF, NOLA 35836 CHAUNCEY RD. ZEPHYRHILLS FL 33541	1.4 CITY-ST-ZIP TAMPA FL	
TITLE D	O'BERRY, P.C. P.O. BOX 675 LACOOCHEE FL	2.1 TITLE VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	O'BERRY, KARLA P.O. BOX 675 LACOOCHEE FL	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	
		3.3 STREET ADDRESS PO BOX 675	
		3.4 CITY-ST-ZIP LACOOCHEE FL 33337-0675	
		4.1 TITLE TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME KARLA P. O'BERRY	
		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: *[Signature]* 2/8/08 (202) 503-7503

CR2E037 (10/97)