

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90007 008 ****61.25

DOCUMENT # 723340 1. Entity Name THE TAMPA RACQUET CLUB, INC.	
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Principal Place of Business 5820 N CHURCH AVENUE TAMPA, FL 33614	Mailing Address 5820 N. CHURCH AVE. LOUNGE #114 TAMPA, FL 33614 US
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DO NOT WRITE IN THIS SPACE



08152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7393107	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, KATHRYN IRMA
5820 N. CHURCH AVE.
UNIT 238
TAMPA, FL 33614**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

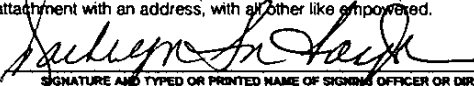
Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEAVPACK, ALLAN 5820 N. CHURCH AVE #114 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANGWORTHY, KENNETH 5820 N. CHURCH AVE 4365 323 TAMPA, FL 33614
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #