


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

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90018 010 \*\*\*\*61.25

<b>DOCUMENT # N04000004057</b>							
1. Entity Name ST. JOHN'S DADS CLUB, INC.							
Principal Place of Business 2418 SWANN AVE TAMPA, FL 33609			Mailing Address 2418 SWANN AVE TAMPA, FL 33609				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RUIZ, ALAN A 3624 W SANTIAGO ST TAMPA, FL 33629			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RUIZ, ALAN A	NAME	Jim Tagg				
STREET ADDRESS	3624 W SANTIAGO ST	STREET ADDRESS	4616 Bayro Bay Blvd				
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	Tampa FL 33629				
TITLE	V <input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCMILLAN, DUNCAN	NAME					
STREET ADDRESS	3901 W BARCELONA ST	STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP					
TITLE	S <input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLOMON, JON D	NAME					
STREET ADDRESS	2904 WAQUILLA ST	STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP					
TITLE	T <input type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MYRBACK, DOUGLAS S	NAME	Jay Donaldson				
STREET ADDRESS	4515 DALE AVE	STREET ADDRESS	3619 W. Granada St.				
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	Tampa FL 33629				
TITLE	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: _____			Date: 4/25/07 813 841 Daytime Phone #: 6442				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							