


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004057

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
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DO NOT WRITE IN THIS SPACE



05042008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicab
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUIZ, ALAN A
 3624 W SANTIAGO ST
 TAMPA, FL 33629**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000947497
 09/02/08-80016-018 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAGG, JIM 4618 BAY TO BAY BLVD. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMILLAN, DUNCAN 3901 W BARCELONA ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLOMON, JON D 2904 W AQUILLA ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONALDSON, JAY 3619 W. GRANADA ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 an officer like empowered.

SIGNATURE _____