2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # N18692 1. Entity Name PURDUE CLUB OF TAMPA BAY, INC. Mailing Address Principal Place of Business C/O RANDALL BASCOM C/O RANDALL BASCOM 7720 JODI LYNN DR 7720 JODI LYNN DR TAMPA, FL 33615 TAMPA, FL 33615 01192006 No Chg-NP DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2265288 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BASCOM, RANDALL 7720 JODI LYNN DR TAMPA, FL 33615

FILED Jan 27, 2006 08:00 AN **Secretary of State**



CR2E037 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finan- Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				Available of the state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, VERN 1001 STARKEY RD LARGO, FL 33771			, .	いつのつのひゃっつつつつ
NAME STREET ADDRESS CITY-ST-ZIP	D FRITSCH, NICHOLAS 1310 GULF BLVD #8D CLEARWATER, FL 33767		00000403723 02/06/06-80018-014 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASCOM, RANDALL 7720 JODI LYNN DRIVE TAMPA, FL 33615		_		NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEACH, BILL 652 SUGAR PALM LARGO, FL 33778		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			
YITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information					

Thereby certify that the miormation supplied with this ming does not quality 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:

Randall Bascam

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