FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

1. Corporation Name (9)							
TAMPA BAY COIN CLUB, INC.							
Principal Place of Business Mailing Address					-{	/	
C/O METLIFE 4100 BOY SCOUT BLVD		% 9823 ASHLEY DR. SEMINOLE FL 34642		:			
TAMPA FL 331 US	807				3. Date incorporated or Qualified 3a. 12/20/1988	Date of Last Report 03/25/1996	
		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc.		Suite Ant # ate	Suite, Apt. #, etc.		59-2953351	Not Applicable	
''''' '			27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Z(p 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Intangl Florida Statutes Yes	K No	
	9, Name and Address of Curre	nt Registered Agent	81 1	lame	10. Name and Address of New Register	id Agent	
CCC DICUADO D							
FEE, RICHARD D. 9823 ASHLEY DR.			82 5	treet Addre	et Address (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 84842						***************************************	
			84 (ity		. 85 Zip Code	
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida. 				amed corne	pration submits this statement for the purpose		
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was a strains of, Section 617,0503, Fig.	authorized by th	e corporation	on's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE	and decopt the song	and 10 of 50000 7 077.0000, 1 N	onda oralolos.				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				gnature require	d when reinstating) DATE		
12.	D DELETE		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	
NAME	FROST, JOHN		1.2 NAME		·	C Charge C Protection	
STREET ADORESS	7920 N. BRANCH AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY-ST-Z	Р			
TITLE	D DOLLAR TOTAL	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	DOUTY, JOHN		2.2 NAME		" :.		
CITY-SY-ZIP	12914 LURIDA RD RIVERVIEW FL			2.3 STREET ADDRESS 1 2. 4 CITY-ST-ZIP			
TITLE			3.1 TITLE			Change Addition	
NAME	Lambara and American		3.2 NAME				
STREET ADDRESS	F908 W GASTON CIRCLE		3.3 STREET ADI	RESS			
CiTY-ST-ZIP	TAMPA FL		3.4. CITY - \$1 - 2	JP			
TITLE	D	DELETE	4.1 TITLE	Į	- CARAN	Change Addition	
NAME	HANZ, WILLIAM 9407 ROSEBURG CT		4. 2 NAME	AL	BETCH GATENO	•	
STREET ADDRESS CITY-ST-ZIP	TAMPA FL		4.3 STREET ADX	RESS 4	BERT GARNO LOS BAY AVE TAMPA, FL 3361L	·	
TITLE	T	☐ DELEYE	4.4 CITY - ST - Z 5.1 TITLE		Mm(# 1 /-C 330:12	☐ Change ☐ Addition	
NAME	DORSEY, LARUE		5.2 NAME			En principo	
STREET ADDRESS	8423 GREENWOOD AVE		5.3 STREET ADD	RESS			
CITY - ST - ZIP	TAMPA FL		5.4 CITY-ST-Z	1			
TITLE	1		6.1 TITLE			Change Addition	
NAME	FEE, RICHARD		6.2 NAME	ŀ			
STREET ADDRESS	9823 ASHLEY DR		6.3 STREET ADE	ress			
CITY, SE, 7IP	SEMINOLE EL		CACITY OF 7	n I			

14. I do 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 arrival 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:

(813) 870-8344

FILED

Feb 12 1997 8:00am

Secretary of State