


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N29811 (9)

1. Corporation Name
TAMPA BAY COIN CLUB, INC.

| | | | |
|---|---------------------|--|----|
| Principal Place of Business | | Mailing Address | |
| C/O METUFE 4100 BOY SCOUT BLVD TAMPA FL 33607 US | | % 9823 ASHLEY DR. SEMINOLE FL 34642 | |
| 2. Principal Place of Business | 2a. Mailing Address | 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 22 | 27 |
| City & State | City & State | 23 | 28 |
| Zip | Country | 24 | 25 |
| 29 | 30 | 29 | 30 |

3. Date Incorporated or Qualified
12/20/1988

4. FEI Number
59-2953351

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No



9. Name and Address of Current Registered Agent

FEE, RICHARD D.
9823 ASHLEY DR.
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FROST, JOHN | 1.2 NAME | RICHARD FEE |
| STREET ADDRESS | 7920 N. BRANCH AVE. | 1.3 STREET ADDRESS | 9823 ASHLEY DRIVE |
| CITY-ST-ZIP | TAMPA FL 33604 | 1.4 CITY-ST-ZIP | SEMINOLE, FL 33772 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUITY, JOHN | 2.2 NAME | |
| STREET ADDRESS | 12914 LURIDA RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERVIEW FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WERREMEYER, JACK | 3.2 NAME | |
| STREET ADDRESS | F908 W GASTON CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARNO, ALBERT | 4.2 NAME | |
| STREET ADDRESS | 4205 BAY AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DORSEY, LARUE | 5.2 NAME | ROGER C. McMURREY |
| STREET ADDRESS | 8423 GREENWOOD AVE | 5.3 STREET ADDRESS | 3404 ROSEVILLE CT. |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | TAMPA, FL 33618 |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FEE, RICHARD | 6.2 NAME | MS. D.C. WHITE |
| STREET ADDRESS | 9823 ASHLEY DR | 6.3 STREET ADDRESS | 3001 58TH AVENUE SOUTH, #1013 |
| CITY-ST-ZIP | SEMINOLE FL | 6.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33712 |

14. I 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 annual 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: Roger C. McMurrey, Treasurer 4/20/1998 (813) 570-5526

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