


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90170 045 \*\*\*\*61.25

<b>DOCUMENT # N29811</b>			
1. Entity Name <b>TAMPA BAY COIN CLUB, INC.</b>			
Principal Place of Business <b>AMERICAN LEGION POST #5 3810 W. KENNEDY BLVD TAMPA, FL 33609 US</b>		Mailing Address <b>4417 MERRICK RUN LN VALRICO FL 33594</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50047600



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2953351</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>FEE, RICHARD D. 4417 MERRICK RUN LN VALRICO FL 33594</b>		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>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	TRES.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGARIGLE, DON			NAME	CARRICO, R.		
STREET ADDRESS	407-84TH AVE.			STREET ADDRESS	12902 US HWY 301 S		
CITY-ST-ZIP	SAINT PETERSBURG FL 33706			CITY-ST-ZIP	RIVERVIEW, FL 33569		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEE, RICHARD D			NAME			
STREET ADDRESS	4417 MERRICK RUN LN			STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL 33594			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINNEY SR, DENNIS M			NAME			
STREET ADDRESS	7013 FOUNTAIN AVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33634			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SARNATARO, RALPH			NAME			
STREET ADDRESS	P.O. BOX 261623			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33685			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DIR.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, D.C.			NAME	MATTHEWS, BRUCE		
STREET ADDRESS	2724 66TH TERRACE S			STREET ADDRESS	2409 S LOIS AVE		
CITY-ST-ZIP	SAINT PETERSBURG FL 33715			CITY-ST-ZIP	TAMPA, FL 33629		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEIS, GEORGE			NAME			
STREET ADDRESS	105 S GOMEZ AVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609			CITY-ST-ZIP			

12. 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 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:** R. Carrico **R. CARRICO** 28 APR 05 813-677-0736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #