



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90113 011 ****61.25

DOCUMENT # N29811					
1. Entity Name TAMPA BAY COIN CLUB, INC.					
Principal Place of Business AMERICAN LEGION POST #5 3810 W KENNEDY BLVD TAMPA, FL 33609 US			Mailing Address 4417 MERRICK RUN LN VALRICO, FL 33594		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02262006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2953351	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEE, RICHARD D. 4417 MERRICK RUN LN VALRICO, FL 33594			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRICO, R		NAME	BEDNAR, STEVE	
STREET ADDRESS	12902 US HWY 301 S		STREET ADDRESS	4003 SO. WESTSHORE BLVD	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	TAMPA FL 33611	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEE, RICHARD D		NAME	HOWARD, STEVE	
STREET ADDRESS	4417 MERICK RUN LN		STREET ADDRESS	POB 6045	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	TAMPA FL 33608	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINNEY SR, DENNIS M		NAME	JONES, BURT	
STREET ADDRESS	7013 FOUNTAIN AVE		STREET ADDRESS	POB 82623	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	TAMPA FL 33682-2623	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARNATARO, RALPH		NAME	VAZQUEZ, ANGIE	
STREET ADDRESS	P.O. BOX 261623		STREET ADDRESS	1511 E. WHEELER RD	
CITY-ST-ZIP	TAMPA, FL 33685		CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, BRUCE		NAME	MATTHEWS, MARIANNE	
STREET ADDRESS	2409 S LOIS AVE		STREET ADDRESS	2409 SO. LOIS AVE	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIS, GEORGE		NAME	KLEIS, GEORGE	
STREET ADDRESS	105 S GOMEZ AVE		STREET ADDRESS	105 S. GOMEZ AVE	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	TAMPA, FL 33609	
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 all other like empowered.					
SIGNATURE: <i>Bruce H. Matthews</i>		BRUCE H. MATTHEWS		3/22/06 (813) 258-0921	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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City & State Zip Country	City & State Zip Country
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03212006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2953351	Applied For <input type="checkbox"/> Not Applicable
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7. Name and Address of New Registered Agent 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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

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STREET ADDRESS	12902 US HWY 301 S
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	S <input type="checkbox"/> Delete
NAME	FEE, RICHARD D
STREET ADDRESS	4417 MERRICK RUN LN
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VP <input type="checkbox"/> Delete
NAME	KINNEY SR, DENNIS M
STREET ADDRESS	7013 FOUNTAIN AVE
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NAME	MATTHEWS, BRUCE
STREET ADDRESS	2409 S LOIS AVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	P <input type="checkbox"/> Delete
NAME	KLEIS, GEORGE
STREET ADDRESS	105 S GOMEZ AVE
CITY-ST-ZIP	TAMPA, FL 33609

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVE, CHARLES
STREET ADDRESS	1229 LAGOON RD
CITY-ST-ZIP	TARPOON SPRINGS, FL 34689
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40040967

