

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29811

FILED
Apr 13, 2008
Secretary of State

Entity Name: TAMPA BAY COIN CLUB, INC.

Current Principal Place of Business:

AMERICAN LEGION POST #5
3810 W KENNEDY BLVD
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

4417 MERRICK RUN LN
VALRICO, FL 33594

New Mailing Address:

AMERICAN LEGION POST #5
3810 W KENNEDY BLVD
TAMPA, FL 33609 US

FEI Number: 59-2953351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEE, RICHARD D.
4417 MERRICK RUN LN
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINNEY, DENNIS M
Address: 7013 FOUNTAIN AV
City-St-Zip: TAMPA, FL 33634

Title: V () Delete
Name: HOWARD, STEVE
Address: P.O. BOX 6045
City-St-Zip: TAMPA, FL 33608

Title: 2VP () Delete
Name: VALENTIN, RUDY
Address: P.O. BOX 82623
City-St-Zip: TAMPA, FL 336822623

Title: T () Delete
Name: EMRICH, JAN F
Address: 14306 RAVENWOOD LA
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: MATHEWS, MARIANNE
Address: 2409 S LOIS AVE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: GAZI, PHIL
Address: 105 S GOMEZ AVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS KINNEY

P

04/13/2008

Electronic Signature of Signing Officer or Director

_____ Date