


FILED
Feb 09, 2004 8:00 am
Secretary of State

01-20-2004 90078 027 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N33996			
1. Entity Name TAMPA CRUIS-A-CADE CLUB, INC.			
Principal Place of Business TAMPA CRUIS-A-CADE CLUB 700 W. ROSS AVE. TAMPA, FL 33603 US		Mailing Address PO BOX 7686 TAMPA, FL 33673 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WUNDER, RUTH 4659 BAY CREST DR. TAMPA, FL 33615		7. Name and Address of New Registered Agent Name Linda Thompson Street Address (P.O. Box Number is Not Acceptable) 8113 No, Hubert Ave. City Tampa FL Zip Code 33614	
B. 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 <i>Linda Thompson</i>		DATE <i>1-15-04</i>	
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL, JON 6101 COTTAGE GROVE CR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, DEANNA 3322 W BRADDOCK ST. TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOGAN, SHARON 2901 W BURKE ST. TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cheryl Tucker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1004 W. Kentucky Ave. Tampa, FL 33603 <i>Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WUNDER, RUTH 4659 BAY CREST DR. TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Thompson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8113 No, Hubert Ave. Tampa, FL 33614 <i>treasurer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, CLAUDIA 6101 COTTAGE GROVE CIR. VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUQUE, FRANK 11001 UNDERWOOD PL. TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Linda Thompson</i>		DATE <i>1-15-04</i> Daytime Phone # <i>8132404954</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			