

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33996

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** TAMPA CRUIS-A-CADE CLUB, INC.

**Current Principal Place of Business:**

TAMPA CRUIS-A-CADE CLUB  
700 W. ROSS AVE.  
TAMPA, FL 33603 US

**New Principal Place of Business:**

TAMPA CRUIS-A-CADE CLUB  
700 W ROSS AVE  
TAMPA, FL 33603 US

**Current Mailing Address:**

PO BOX 7686  
TAMPA, FL 33673 US

**New Mailing Address:**

FEI Number: 59-6176972      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAYLOR, ALBERT  
5103 TALISMAN DR.  
WIMAUMA, FL 33598 US

**Name and Address of New Registered Agent:**

WEST, JOE A  
8713 EDNAM PL  
TAMPA, FL 33604 US

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: JOE A. WEST

04/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRUZ, ALINA C  
Address: PO BOX 7686  
City-St-Zip: TAMPA, FL 33673

Title: VP  
Name: CRUZ, RICHARD  
Address: PO BOX 7686  
City-St-Zip: TAMPA, FL 33673

Title: VP2  
Name: TEDDER, TODD  
Address: PO BOX 7686  
City-St-Zip: TAMPA, FL 33673

Title: S  
Name: DIXON, LYNN  
Address: PO BOX 7686  
City-St-Zip: TAMPA, FL 33673

Title: T  
Name: WEST, JOE  
Address: PO BOX 7686  
City-St-Zip: TAMPA, FL 33673

I hereby 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 all other like empowered.

SIGNATURE: JOE WEST

T

04/07/2010

Electronic Signature of Signing Officer or Director

Date