

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33996

FILED
Mar 28, 2011
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:

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:

WEST, JOE A
8713 EDNAM PL
TAMPA, FL 33604 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
Name: MURPHY, JOE
Address: PO BOX 7686
City-St-Zip: TAMPA, FL 33673

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

Title: VP2
Name: AARON, MURPHY
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

03/28/2011

Electronic Signature of Signing Officer or Director

Date