

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90097 047 ****61.25

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|--|--|---|--|---|--|
| DOCUMENT # N94000005626 1. Entity Name TAMPA COLLECTORS CLUB, INC. | | | | | |
| Principal Place of Business P O BOX 24831 TAMPA, FL 33623-4831 | | | | Mailing Address P O BOX 24831 TAMPA, FL 33623-4831 | |
| 2. Principal Place of Business - No P.O. Box # 9704 N BOULEVARD | | 3. Mailing Address PO BOX 1076 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State TAMPA FLORIDA | | City & State PORT RICHEY FLORIDA | | | |
| Zip 33612 | | Country USA | | Zip 34673-1076 | |
| Country USA | | Country USA | | | |
| 4. FEI Number 59-6133906 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROGG, SHELDON 9225 RAINBOW LANE PORT RICHEY, FL 34668 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 <u><i>Sheldon Rogg</i></u> Treasurer | | | | DATE <u><i>May 8</i></u> 2007 | |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 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 | P ORDET, DOUGLAS 12624 CASTLE HILL DR TAMPA, FL 33624 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ARTZE, JOSEPH 4612 N LINCOLN AVE TAMPA, FL 33614 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS LAVIGNE, WILLIAM 9010 ARNDALE CIRCLE TAMPA, FL 33615 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT ROGG, SHELDON 9225 RAINBOW LN PORT RICHEY, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <u><i>Sheldon Rogg</i></u> SHELDON ROGG Treasurer <u><i>May 8</i></u> 2007 <u><i>8487697</i></u> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |