

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003491

FILED  
Jan 02, 2007  
Secretary of State

Entity Name: CIGAR CITY CHAPTER, INC.

**Current Principal Place of Business:**

6920 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

6920 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-3351047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: D ( ) Delete  
Name: MCKELVEY, JOHN  
Address: 6920 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: SMITH, JONATHAN  
Address: 6920 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

Title: AD ( ) Delete  
Name: OSBORNE, CHUCK  
Address: 6920 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

Title: S ( ) Delete  
Name: SMITH, MARY ANN  
Address: 6920 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: NICKLAS, MARK  
Address: 6920 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

Title: T (X) Change ( ) Addition  
Name: WHITE, MICHAEL F  
Address: 6920 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

Title: AD (X) Change ( ) Addition  
Name: GATES, TOM  
Address: 6920 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

Title: S (X) Change ( ) Addition  
Name: WILBRAHAM, JERI  
Address: 6920 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL F. WHITE

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01/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date