## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 12, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N42401 RAFTERS CLUB OF TA			02-12-2007 90087 028 ****70.00				
Principal Place of Business  3.40 ST BAPTIST CHURCH  3309 W. BROAD ST  TAMPA, FL 33634 US		Mailing Address 4402 HENDERSON BLVI TAMPA, FL 33629	)					( 122)(8) 8/
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	1- RI					
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01032007 Chg-NP CR2E037 (12/06)			
		Tampa,	FL	4. FEI Number 59-307			Applied Not App	
Zip	Country	33615-3164	Country	5. Certificate	of Status Desired	¥ \$8 Fe	3.75 Add e Require	ditiona d
	6. Name and Address of Cu	rrent Registered Agent		7. Name and	Address of New i	Registered Age	ent	
SMITH, W	HIIIAM I		Name	Joan	Ochoc			
4402 HEN	DERSON BLVD			Address (P.O. Box Numb	er is Not Acceptab		3001	
TAMPA, FI	\$ 300Z9					<del></del>	= \_	
,			City	Tan 22		FL	Zip Code	
8. The shove	named entity submits this statem	ent for the purpose of changing its re	egistered office o	AMPA	th in the State of S		3361	
the obligat	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE:	Registered Agent signal	iture required when reinstating)		DATE	- 67-	
the obligat	JOAN V. Ochoa	Treasurer	Registered Agent signal	\$5.00 May E Added to Fees			ayable to	0
the obligat	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2007  OFFICERS AN	9. Election Camp Trust Fund Co	Registered Agent signal paign Financing ontribution.	\$5.00 May B Added to Fees ADDITIONS/CH		Make check porida Departme	ayable to ent of St CTORS IN	o tate
the obligated signature.	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2007  OFFICERS AN	Treasurer  significant and title if applicable. (NOTE:  9. Election Camp Trust Fund Co	Registered Agent signal paign Financing ontribution.  11.  TITLE	S5.00 May E Added to Fees ADDITIONS/CH	ANGES TO OFFICE	Make check porida Departme	ayable to	o tate
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12. Thereby certify that the information supplied with this fitting does not quality 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: SIGNATURE: JOAN V. OCHOA 02-07-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date