## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29811

Entity Name: TAMPA BAY COIN CLUB, INC.

**Current Principal Place of Business:** 

17301 MADISON GREEN DR TAMPA FL 33647

**Current Mailing Address:** 

P.O. BOX 46534

TAMPA FL 33646 US

FEI Number: 59-2953351 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CRESPO, JOSEPH A 17301 MADISON GREEN DR TAMPA FL 33647 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: JOSEPH A CRESPO 01/19/2017

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

DIRECTOR

DIRECTOR

Title

Title

Officer/Director Detail:

Title **PRESIDENT** Title 1ST VP

CRESPO, JOSEPH A Name Name SCHEMITSCH, RICHARD 5029 CONNER DRIVE Address P.O. BOX 47304 Address City-State-Zip: LAND O LAKES FL 34639 City-State-Zip: TAMPA FL 34646

Title **SECRETARY** Title 2ND VP

Name FUGATE, JENNIFER MISIAK, DENNIS Name Address P.O. BOX 46534 Address 16057 TAMPA PALMS BLVD WEST

**SUITF #400** 

TAMPA FL 33646 TAMPA FL 33647-2001 City-State-Zip:

Title **TREASURER** Name D'AMICO, BARBARA

Name TROTTIER, TRACY Address P.O. BOX 46534 Address 23504 BELLAIRE LOOP

City-State-Zip: TAMPA FL 33646

City-State-Zip: LAND OLAKES FL 34639

**DIRECTOR** Title Name DOWD, STEVEN Name OMEARA, ALBERT P.O. BOX 2617 Address

Address 29029 LANDBRIDGE STREET City-State-Zip: BRANDON FL 33509

City-State-Zip: WESLEY CHAPEL FL 33543

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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.

01/19/2017 SIGNATURE: TRACY G TROTTIER TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 19, 2017

Secretary of State

CC7774737076

## Officer/Director Detail Continued:

Title DIRECTOR

Name HARDEN, TOM

Address P.O. BOX 46534

City-State-Zip: TAMPA FL 33646

Title DIRECTOR
Name FUGATE, ARNIE
Address P.O. BOX 46534
City-State-Zip: TAMPA FL 33646

Title DIRECTOR

Name VONPUSCH, DEAN
Address 908 N DALE MABRY
City-State-Zip: TAMPA FL 33609

Title DIRECTOR

Name TAGGART, HUGH

Address 1076 EMERALD DRIVE City-State-Zip: BRANDON FL 33511

Title DIRECTOR

Name VALENTIN, RUDY
Address P.O. BOX 46534
City-State-Zip: TAMPA FL 33646