## 2016 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 01/22/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

CRESPO, JOSEPH A TAGGART, HUGH Name Name 1076 EMERALD DR Address P.O. BOX 47304 Address City-State-Zip: BRANDON FL 33511 TAMPA FL 34646 City-State-Zip:

Title **SECRETARY** Title VΡ Name STROMAN, RICK MISIAK, DENNIS Name

Address 11703 SWEET SERENITY LANE Address 16057 TAMPA PALMS BLVD WEST

> **SUITF #400 SUITE #202**

City-State-Zip: NEW PORT RICHEY FL 34654 TAMPA FL 33647-2001 City-State-Zip:

Title **DIRECTOR** Title **TREASURER** 

Name VALENTIN, RUDY Name TROTTIER, TRACY

Address 15215 LIVINGSTON AVE Address 23504 BELLAIRE LOOP

BOX #152 City-State-Zip: LAND OLAKES FL 34639

City-State-Zip: LUTZ FL 33559

**DIRECTOR** Title Title **DIRECTOR** 

Name OMEARA, ALBERT Name SCHEMITSCH, RICHARD Address 29029 LANDBRIDGE STREET Address 5029 CONNER DRIVE

City-State-Zip: WESLEY CHAPEL FL 33543 LAND O LAKES FL 34639 City-State-Zip:

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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.

01/22/2016 SIGNATURE: TRACY TROTTIER TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 22, 2016

**Secretary of State** 

CC8483687069

Date

## Officer/Director Detail Continued:

Title DIRECTOR
Name RICE, BRYAN

Address 13357 GOLF CREST CIR

City-State-Zip: TAMPA FL 33618