## **2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29811

Entity Name: TAMPA BAY COIN CLUB, INC.

**Current Principal Place of Business:** 

23504 BELLAIRE LOOP TAMPA, FL 34639

**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:

TROTTIER, TRACY G 23504 BELLAIRE LOOP LAND O LAKES, FL 34639 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: TRACY G TROTTIER 02/09/2024

Electronic Signature of Registered Agent

Date

FILED Feb 09, 2024

**Secretary of State** 

1636622910CC

Officer/Director Detail:

Title PAST PRESIDENT Title VP

NameTERCYACK, STEVENameSCHEMITSCH,, RICHARDAddressP.O. BOX 46534Address13336 CENTRAL AVECity-State-Zip:TAMPA FL 33646City-State-Zip: TAMPA FL 33612

Title TREASURER Title SECRETARY

Name TROTTIER, TRACY Name STROMAN, RICHARD

Address 23504 BELLAIRE LOOP Address P.O. BOX 46534

City-State-Zip: LAND O LAKES FL 34639 City-State-Zip: TAMPA FL 33646

Title PRESIDENT Title DIRECTOR

Name OMEARA, ALBERT Name LYDIC, ANDREW
Address P.O. BOX 46534 Address P.O. BOX 46534
City-State-Zip: TAMPA FL 33646 City-State-Zip: TAMPA FL 33646

Title DIRECTOR Title DIRECTOR

NameTAGGART, HUGHNameTUMBLESTON, RICKAddress1076 EMERALD DRIVEAddressP.O. BOX 46534

City-State-Zip: BRANDON FL 33511 City-State-Zip: TAMPA FL 33646

## Continues on page 2

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.

SIGNATURE: TRACY TROTTIER TREASURE 02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameCRESPO, JOSEPHNameLIVINGSTON, CRAIGAddressP.O. BOX 46534AddressP.O. BOX 46534

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

Title DIRECTOR Title DIRECTOR

 Name
 LYNCH, BILL
 Name
 MCQUILLEN, WILL

 Address
 P.O. BOX 46534
 Address
 P.O. BOX 46534

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

City-State-Zip: TAMPA FL 33646

City-State-Zip: TAMPA FL 33646

Title DIRECTOR

Title DIRECTOR

TitleDIRECTORTitleDIRECTORNameLIVINGSTON, CHARLIENameMEHL, KURTAddressP.O. BOX 46534AddressP.O. BOX 46534

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