


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 700626</b> 1. Entity Name MERRYMAKERS CLUB OF TAMPA, FLORIDA, INCORPORATED	
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Principal Place of Business 124 DANUBE AVE TAMPA, FL 33606	Mailing Address 124 DANUBE AVE TAMPA, FL 33606
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**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0357533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RYWANT, MICHAEL S. 4014 PALMIRA TAMPA, FL 33609	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WARREN, SHAMUS 2814 W. PARKLAND BLVD. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WOODROFFE, WILLIAM 2916 A GANDY TAMPA, FL 33611
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U00000344213  
04/29/05-80127-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #