

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90034 004 ****61.25

DOCUMENT # 700626

1. Entity Name
**MERRYMAKERS CLUB OF TAMPA, FLORIDA,
INCORPORATED**



Principal Place of Business
**124 DANUBE AVE
TAMPA, FL 33606**

Mailing Address
**124 DANUBE AVE
TAMPA, FL 33606**

40067273



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-0357533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYWANT, MICHAEL S.
4014 PALMIRA
TAMPA, FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLEN, WILLIAM 3919 W ANGELES TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Past President WOLFE, JOHN 200 S AUDUBON TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treasurer Bustin, Jeramiah 4526 Bay Spring Court Tampa, FL 33611	<input checked="" type="checkbox"/> Delete Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kuden, Josh 800 S. Dakota Tampa, FL 33611	<input checked="" type="checkbox"/> Delete Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mills III, John 318 Columbia Tampa, FL 33606	<input checked="" type="checkbox"/> Delete Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Garcia, Ralph 800 Lakeview Road Tampa, FL 33609	<input checked="" type="checkbox"/> Delete Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ratliff, Chad 2307 S. Clewis Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sierra, Jr., L. B. 2314 Ardson Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Podolsky, Josh 3209 Hawthorne Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary Streetman, Morgan 84 Davis Blvd. Tampa, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stainton, William P. O. Box 1531 Tampa, FL 33601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sierra, Lea 2314 Ardson Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/08