2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

| 1. Entity Nam                                  | MENT # 702553<br>MERICAN CLUB OF TAME   | PA, INC.  |  | Secretary of State  |  |   |
|--|---|---|--|---|--|---|
| 1707 W. CLIFTON<br>TAMPA FL 33607              |   | Mailing Address<br>1922 W. ORIENT STREE<br>TAMPA FL 33607<br>US | 1922 W. ORIENT STREET<br>TAMPA FL 33607  |   | :#88## 87###1 #1100 WINWW 1111 B #16 WINB: #8##2 #5##2 #1#16   | <b>1</b>  |
| 2. Principal Place of Business                 |   | 3. Mailing Address  |  |   |  |   |
| Suite, Apt. #, etc.                            |   | Suite, Apt. #, etc.   |  | м   | OORE CR2E037 (11/03)   |   |
| City & State                                   |   | City & State  |  | 4. FEI Number 5   | 59-1585318         Applied For           Not Applicable  |   |
| Zıp  | Country   | Zip   | Country  | 5. Certificate of Sta   | atus Desired   |   |
|  | 6. Name and Address of Currer   | nt Registered Agent   | Name   | 7. Name and Add   | ess of New Registered Agent  |   |
| 192  | OWIK, STANLEY J. J<br>2 W. ORIENT STREET<br>MPA FL 33607  |   |  | {P.O. Box Number is t   | fot Acceptable)  | ode   |
| the obligat                                    | snamed entity submits this statement tions of registered agent.  Signature, typed or pythed name of registered agent.  FILE NOW: FEE IS \$61.25  Due By May 1, 2004 | 2 - Inc. and title if applicable (NOTE)                         | Pegistered Agent signature require   |   | Make Check Payable Florida Department of   | e to  |
| 16.  | OFFICERS AND (  | DIRECTORS   | 11.  | ADDITIONS/CHANGE  | S TO OFFICERS AND DIRECTORS  | IN 10   |
| THILE NAME STREET ADDRESS GITY+ST-ZIP          | PD<br>SLOWIK, STANLEY J. J<br>1922 W. ORIENT STREET<br>TAMPA FL   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY+ST-ZIP  |   | Change   | e Addition  |
| SITLE NAME STREET ADDRESS CITY-ST-ZIP          | VP<br>VALENCIC, DOROTHY<br>1422 WEST BOGE DRIVE<br>TAMPA FL 33614   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 11<br>02/0  | □ Chang<br>00000028616<br>4/04-80033-013 61.25   | _   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | RS<br>LEKES, JOSEPH A<br>3415 PICO DR<br>TAMPA FL 33614-2750  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY - ST-ZIP  | 1 2 2   | ☐ Chang  | Addition  |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP          | T<br>ROMANUK, RUTH M<br>5411 ORIENT RD<br>TAMPA FL 33610-4118   | ☐ Delete  | THEE NAME STREET ADDRESS CITY-ST-ZIP   |   | Chang  | ≘ ☐ Addition                                      |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP           | ROMANUK, RUTH M<br>5411 ORIENT ROAD<br>TAMPA FL 33610-4118  | ☐ Delete  | THLE NAME STREET ADDRESS CHY-SI-ZP   |   | ☐ Chang  | e 🔲 Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PETROWSKI, JOSEPH<br>3811 LAKESHORE DR<br>TAMPA FL  | ☐ Detete  | TITLE NAME STREET ADDRESS CITY-SY-ZIP  |   | ☐ Chang  | e 🔲 Addition                                      |
| 12. I hereby indicated of the co-              | certify that the information supplied wild on this report or supplemental report poration or the receiver or trustee end, or on an attachment with an address       | s, with all other like empoyered.                               | the exemption stated in S<br>by signature shall have the<br>as required by Chapter 6 | Section 119.07(3)(i), Fix<br>e same legal effect as<br>17, Florida Statutes; an | orida Statutes. I further certify that the<br>I made under oath, that I am an offic<br>d that my name appears in Block. 10 | e information<br>er or director<br>or Block 11 if |

**FILED** 

1/26/04