
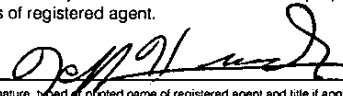
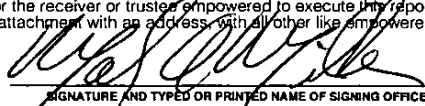


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90096 012 ****61.25

DOCUMENT # 721280 1. Entity Name CAPITAL TIGER BAY CLUB, INC.					
Principal Place of Business 3540 CLIFDEN DRIVE TALLAHASSEE, FL 32309			Mailing Address P. O. BOX 1173 TALLAHASSEE, FL 32302		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1611105	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, JEFF 3540 CLIFDEN DRIVE PO BOX 1173 TALLAHASSEE, FL 32302			7. Name and Address of New Registered Agent 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  <small>Signature, good or printed name of registered agent and title if applicable.</small>			DATE 4/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB <input checked="" type="checkbox"/> Delete BEPRY, ED 1104 GORLANDING RD. TALLAHASSEE, FL 32310				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HICKLE, JANET 2500 DEER LAKE NORTH TALLAHASSEE, FL 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD <input type="checkbox"/> Delete HINKLE, LEE 2916 ABBOTSFORD WAY TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD <input type="checkbox"/> Delete BARNES, CHARLIE 1451 DENHOLM DRIVE TALLAHASSEE, FL 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD <input type="checkbox"/> Delete Elise Judelle				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Janet Hinkle 2500 Deer Lake North Tallahassee, FL 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mark Miller 1947 Greenwood Drive Tallahassee, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Elise Judelle 201 S. Monroe Street, 5th floor Tallahassee, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chris Klena 107 Chocksaaka Nene Tallahassee, FL 32301				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/11/05 850-201-2622 <small>Daytime Phone #</small>		