

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001443

FILED
May 13, 2009
Secretary of State

Entity Name: TIGER'S ROAR CLUB, INC.

Current Principal Place of Business:

1595 N.W. 7TH AVE.
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1595 N.W. 7TH AVE.
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 04-3619190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LARKINS, E. PAT
665 S.W. 27TH AVE., STE. 16
FT. LAUDERDALE, FL 33312 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GLENN, JIMMIE
Address: 416 N.W. 7TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: PD () Delete
Name: ROBINSON, CHRIS
Address: 499 NW 19TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD () Delete
Name: JONES, JOHN
Address: 416 NE 9TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD () Delete
Name: SMITH, JOSEPH A
Address: 1501 N.W. 3RD WAY
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN JONES

PRES

05/13/2009

Electronic Signature of Signing Officer or Director

Date