2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N03000008513

Entity Name: IVORY CLUB OF TAMPA, INC.

Current Principal Place of Business:

16404 MILLAN DEAVILLA
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

16404 MILLAN DEAVILLA
TAMPA, FL 33613

New Mailing Address:

FEI Number: 35-2216100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSIMEN, CHRISTOPHER E
1209 W LINEBAUGH AVE.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:	PD	( ) Delete
Name:	TEMPLE, DONALD	
Address:	16404 MILLAN DEAVILLA	
City-St-Zip:	TAMPA, FL 33613	
Title:	VD	( ) Delete
Name:	MUFORO, DAVID	
Address:	1603 STORINGTON AVE.	
City-St-Zip:	BRANDON, FL 33511	
Title:	SD	( ) Delete
Name:	PAYE, JACKSON J	
Address:	1704 ORANGE HILL WAY	
City-St-Zip:	BRANDON, FL 33510	
Title:	TD	( ) Delete
Name:	OWI, NEWTON	
Address:	4713 W. CLEAR AVE.	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	( ) Delete
Name:	OGUNSOLA, REMI FIN-SEC	
Address:	7508 MEADOW DR.	
City-St-Zip:	TAMPA, FL 33634	
Title:	D	( ) Delete
Name:	OGUNTEBI, DURO EX-SEC	
Address:	3111 SOUTH OMAR AVE	
City-St-Zip:	TAMPA, FL 33618	

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:	
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: DONALD TEMPLE PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date