

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004057

1. Entity Name
ST. JOHN'S DADS CLUB, INC.



Principal Place of Business
**2418 SWANN AVE
TAMPA, FL 33609**

Mailing Address
**2418 SWANN AVE
TAMPA, FL 33609**



05042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUIZ, ALAN A
3624 W SANTIAGO ST
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000947497

05/02/08-80016-018 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAGG, JIM 4618 BAY TO BAY BLVD. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMILLAN, DUNCAN 3901 W BARCELONA ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLOMON, JON D 2904 W AQUILLA ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONALDSON, JAY 3619 W. GRANADA ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an officer like empowered.