2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2005
Secretary of State

DOCUMENT# N04000008398

Entity Name: THE SAAB CLUB OF TAMPA BAY INC.

Current Principal Place of Business:

2021 DARLINGTON OAK DR
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

2021 DARLINGTON OAK DR
SEFFNER, FL 33584

New Mailing Address:

PO BOX 684
SEFFNER, FL 33583 06

FEI Number: **FEI Number Applied For (X)** **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:

KEEN, BOBBY
2021 DARLINGTON OAK DR
SEFFNER, FL 33584 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:	P	( ) Delete
Name:	KEEN, BOBBY	
Address:	2021 DARLINGTON OAK DR	
City-St-Zip:	SEFFNER, FL 33584	
Title:	V	( ) Delete
Name:	OPELA, GERALD V JR	
Address:	5924 BAYSIDE KEY DR	
City-St-Zip:	TAMPA, FL 33615	
Title:	ST	( ) Delete
Name:	PILLOCK, JOSHUA	
Address:	1406 W AZEELE ST	
City-St-Zip:	TAMPA, FL 33606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	FEIN, ALAN	
Address:	1203 CEDAR LAKE DR	
City-St-Zip:	TAMPA, FL 33612	
Title:	ST	(X) Change ( ) Addition
Name:	GENA, WOODWARD	
Address:	8870 N. HIME AVE.	
City-St-Zip:	TAMPA, FL 33614	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOBBY KEEN P 05/22/2005

Electronic Signature of Signing Officer or Director Date