2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
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:

P.O. BOX 1341
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 01-0868991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: FEIN, ALAN
Address: 1203 CEDAR LAKE DR
City-St-Zip: TAMPA, FL 33612

Title: ST (X) Delete
Name: PARKER, CHARLES
Address: 485-68 WESTLAKE BLVD.
City-St-Zip: PALM HARBOR, FL 34683

Title: TR ( ) Delete
Name: GOULISH, SHARON
Address: 272 OLD EAST LAKE RD.
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FEIN, ALAN
Address: 1203 CEDAR LAKE DR
City-St-Zip: TAMPA, FL 33612

Title: V (X) Change ( ) Addition
Name: KEEN, BOBBY
Address: 2021 DARLINGTON OAK DR
City-St-Zip: SEFNER, FL 33584

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: SHARON GOULISH STR 03/01/2009

Electronic Signature of Signing Officer or Director — Date