




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90027 028 ****61.25

DOCUMENT # N15373 1. Entity Name TIGER TOUCHDOWN CLUB, INC.					
Principal Place of Business 2801 S. KANNER HWY STUART, FL 34994 US			Mailing Address P O BOX 2159 STUART, FL 34995 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MULVANERTON, PATRICIA 825 SW LIGHTHOUSE DR PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 6-1-08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JONES, WILLIAM <input type="checkbox"/> Delete 5080 SW LANDING CRECE DR PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RIVERA, SHERYL <input checked="" type="checkbox"/> Delete 4795 SW BIMINI CIRCLE PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Denise S. Bonadeo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6983 SW Cinnamon Ct Stuart, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MULVANERTON, PATRICIA <input type="checkbox"/> Delete 825 LIGHTHOUSE DR PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOVELACE, JAY <input checked="" type="checkbox"/> Delete 1342 SW EVERGREEN LANE PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Elizabeth C. Strack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1927 SW Stratfordway Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COVP SHILLER, PERRY <input checked="" type="checkbox"/> Delete 3717 SW BRASSIE WAY PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 6/1/08 772-631-2651 <small>Daytime Phone #</small>		