FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 08, 1999 8:00 am § Secretary of State

04-08-1999 90040 001 ****61.25

DOCUMENT # N18692

1. Corporation Name

PURDUE CLUB OF TAMPA BAY, INC.

Mailing Address % EDWARD W. GERECKE 3923 W. SAN JUAN ST. **TAMPA FL 33629**

1					1		
2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed		
	1960 IVAD	26			01/12/1987		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For
22		27			59-2265288	Not	Applicable
City & Stat	e	City & State			5. Certifcate of Status Desired	**************************************	dditional -
23		28			5. Certificate of Status Desired	Fee Rec	quired
Zip	Country	Zip	Count	ry	6. Election Campaign Financing	\$5.00	Мау Ве
24	25	29	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			18	11 Name			:
ROUSH, EVE M				82 Street Address (P.O. Box Number is Not Acceptable)			
2403 FINLANDIA LN #21				52 Street Address (F.O. Box Humber is Not Acceptable)			
CLEARWATER FL 34623 33763				13			
CLEARWA	(IER FL 34023		<u> </u>				
Ì			}{	4 City	F	85 Zip C	ode
11 Dureuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statute	es the aho	ve-named co			registered
office or r	egistered agent, or both, in the State o	f Florida. Such change was a	ithorized	y the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as reg	jistered
agent. I a	m familiar with and accept the obligati	ons of Section 617 0607 Flor	ida Statut			,	
SIGNATURE	Signature, typed or printed name of registered agent		۷		guired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Seut signature red	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TILE	D OFFICERS AND	DELETE	1.1 TITU	: Tr		Change	Addition
	•	_ J.L	1.2 NAM	[[1	Konrad, William		_
NAME	DALE, ALVIN			- l1	1351 Gulf Blvd. #219		
STREET ADDRESS	735 116TH AVENUE			ET ADDRESS	-1		
CITY-ST-ZIP	TREASURE ISLAND FL	□ DELETE	1.4 CITY		Clearwater Bch 33767	Change	Addition
TITLE	D	LI DELETE	2.1 11714	ţ		Change	
NAME	GERECKE, EDWARD W		2.2 NAM	•			
STREET ADDRESS	3923 W SAN JUAN ST		2.3 STR	EET ADDRESS			
CITY-ST-ZIP			_	/-ST-ZIP			TT a Leve
πιε	\ D	☐ DELETE	3.1 TITL	•	سيهب يالا المسهد يالاستان سا	Change	Addition
NAME	ROUSH, EVA M.		3.2 NAM	E			
STREET ADDRESS	2403 FINLANDIA LANE,# 21		3.3 STR	EET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33763		3,4, CIT)	-ST-ZIP			
TITLE	P	☐ DELETE	4.† TITL	·]	P	☐ Change	Addition
NAME	HARRIS, PHILLIP R.		4. 2 NAA	E ∫i	JAMES, HOWARD		
STREET ADDRESS	5301 REFLECTIONS CLUB DR #	104	4.3 STR	EET ADDRESS 2	2061 CITRUS HILL LN.		
CITY-ST-ZIP	TAMPA FL		4.4 CITY	1 7	PALM HARBOR 34683		
TITLE	V	☐ DELETE	5.1 TITL	. T		☐ Change	Addition
NAME	SAWAYDA, NANCY		5.2 NAM	E [
STREET ADDRESS	1825 BRENTWOOD DR.		5.3 STR	EET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764		5.4 CITY	-ST-ZIP			
TITLE	D	☐ DELETE	6.1 TITL	 +	D	Change	Addition
NAME	BELL, LARRY		6.2 NAM	_ 11	HOBBS,DAVID J.	•	
		•		1.			į
STREET ADDRESS	3615 ARLINGTON OAKS COURT			1	700 6TH SOUTH ST.		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.