2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Aug 30, 2004 8:00 am Secretary of State DOCUMENT # N18692 1. Entity Name 08-30-2004 90014 035 \*\*\*\*61 25 PURDUE CLUB OF TAMPA BAY, INC. Principal Place of Business Mailing Address C/O EDWARD W. GERECKE 3923 W. SAN JUAN ST. TAMPA FL 33629 C/O EDWARD W. GERECKE 3923 W. SAN JUAN ST. TAMPA FL 33629 2. Principal Place of Business CR2E037 (4/04) Applied For 4. FEI Number 59-2265288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BASCOM, RANDALL Street Address (P.O. Box Number is Not Acceptable) 7720 JADI LYNN DR TAMPA FL 33615 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 ☐ Change ■ Addition ☐ Delete TITLE TITLE **CUMMINGS, VERN** NAME NAME 1001 STARKEY RD STREET ADDRESS STREET ADDRESS LARGO FL 33771 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE TITLE ☐ Delete FRITSCH, NICHOLAS NAME NAME 1310 GULF BLVD #8D STREET ADDRESS STREET ADDRESS CLEARWATER FL 33767 CITY-ST-ZIP CITY-ST-7iP ☐ Change ■ Addition Delete TITLE ПΠЕ ROUSH, EVA M. NAME NAME 2403 FINLANDIA LANE,# 21 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete BASCOM, RANDALL NAME 7720 JODI LYNN DRIVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE BEACH, BILL NAME NAME 652 SUGAR PALM STREET ADDRESS STREET ADDRESS **LARGO FL 33778** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE GOEN, GERALD NAME NAME 1104 CLIPPER WAY STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-7IP 12. 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 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.

**FILED**