2006 NOT-FOR-PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # N34021 1. Entity Name THE TAMPA BAY MALE CLUB, INC.

Principal Place of Business

POST OFFICE BOX 340452 TAMPA, FL 33694

Mailing Address

POST OFFICE BOX 340452 TAMPA, FL 33694 US

FILED Sep 07, 2006 8:00 am Secretary of State

09-07-2006 90016 001 ****80.00



09022006 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3038370

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GAMBLE, TONY

2224 E. COLUMBUS DRIVE

TAMPA, FL 33605

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8. The above	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or registered agent, or bol	th, in the State of Florida. I am fami	liar with, and accept
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SIGNATURE.			<u>,, , , , , , , , , , , , , , , , , , ,</u>	
	Signature, typed or printed name of registered agent and title if explicable. (NOTE: Registere	ed Agent alignature required when reinstating)	DATE	
	Filling Fee is \$61,25 ue by September 6, 2006 9. Election Campaign Finance Trust Fund Contribution.			
10., 3	OFFICERS AND DIRECTORS			######################################
TITLE	P			
NAME	PINDER: EARNEST			
STREET ADDRESS	POST OFFICE BOX 340423		Migratophical Paris and American Services Programmes Marches (1984)	
CITY-ST-ZIP	TAMPA, FL: 33694			
TITLE NAME:	NAME OF THE PARTY			
STREET ADDRESS	WRIGHT, SAMUEL 3445-01 PARK SQUARE EAST		dar i Ardielir e de syste, kristis European E. Kaldista (1984)	
CITY-ST-ZIP	TAMPA, FL. 33613			
TITLE	S			
NAME	DAWSON, PATRICIA			
STREET ADDRESS	800 KENDY BLVD		NOT WRITE	
CITY-ST-ZIP	TAMPA, FL 33602			
TITLE	ALENTON A REPORT OF THE VICE TO THE VICE	lieranini	THIS SPACE	
NAME	GAMBLE, TONY		Feigh Rease African	
STREET ADDRESS	2224 E COLUMBUS DRIVE			
CITY-ST-ZIP	TAMPA, FL 33605			
TITLE				
NAME STREET ADDRESS				
CITY-ST-ZIP				
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12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR