

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N36754

1. Entity Name
TROPICAL POST CARD CLUB, INC.



Principal Place of Business
**POMPANO BEACH CIVIC CENTER
1801 NE 6 ST
POMPANO BEACH, FL 33060**

Mailing Address
**6880 SOUTHWEST 75TH TERRACE
SOUTH MIAMI, FL 33143**



01272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0263144	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, THOMAS G.
6880 S.W. 75TH TERRACE
SOUTH MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, THOMAS G.
STREET ADDRESS	6880 S.W. 75TH TERRACE
CITY-ST-ZIP	SOUTH MIAMI, FL
TITLE	D
NAME	LADIN, BENJAMIN
STREET ADDRESS	C-2043 NEWCASTLE DRIVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	MURPHY, SYLVIA
STREET ADDRESS	1501 NE 191 STREET APT 302C
CITY-ST-ZIP	MIAMI, FL 331794163
TITLE	D
NAME	TRUTT, SANDRA
STREET ADDRESS	210 NW 77TH WAY
CITY-ST-ZIP	HOLLYWOOD, FL 330247053
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80008-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

Thomas G. Moore **Thomas G. Moore** 1-27-07 305-666-0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #