2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N36754

1. Entity Name
TROPICAL POST CARD CLUB, INC.

Principal Place of Business	Mailing Address
POMPANO BEACH CIVIC CENTER 1801 NE 6 ST POMPANO BEACH, FL 33060	6880 SOUTHWEST 75TH TERRACE SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

01052008 No Chg-NP CR2E037 (4/06)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000775348
01/08/08-80026-016 61.25

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	

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 Jan. 5, 2008 305-666-0219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #