

**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.	
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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
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01052008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

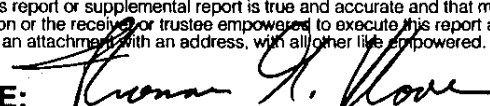
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000775348 01/08/08-80026-016 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, THOMAS G. 6880 S.W. 75TH TERRACE SOUTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADIN, BENJAMIN C-2043 NEWCASTLE DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, SYLVIA 1501 NE 191 STREET APT 302C MIAMI, FL 331794163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUTT, SANDRA 210 NW 77TH WAY 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:  **Jan. 5, 2008 305-666-0219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #