


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90029 001 ****61.25

DOCUMENT # N45520 1. Entity Name TAMPA BAY FOSSIL CLUB, INC.	
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Principal Place of Business 39219 HWY E 54 ZEPHYRHILLS FL 33542 US	Mailing Address 39219 HWY E 54 ZEPHYRHILLS FL 33542 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3095698	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent SEARLE, MICHAEL 2407 TANGERINE HILL CT LUTZ FL 33549	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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.

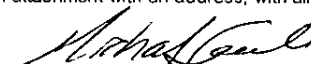
SIGNATURE:  DATE: 5/2/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD	Delete <input type="checkbox"/>	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME AKIN, TED		STREET ADDRESS CITY - ST - ZIP	
7945 CAMERON CAY CT NEW PORT RICHEY FL 34653		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
7945 CAMERON CAY CT NEW PORT RICHEY FL 34653		STREET ADDRESS CITY - ST - ZIP	
TITLE PD	Delete <input type="checkbox"/>	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME SEARLE, MICHAEL		STREET ADDRESS CITY - ST - ZIP	
2407 TANGERINE HILL CT LUTZ FL 33549		TITLE NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE RSD	Delete <input checked="" type="checkbox"/>	TITLE NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME MCGIRK, PATRICK		STREET ADDRESS CITY - ST - ZIP	
11911 RIVERHILLS DR. TAMPA FL 33617		RSD ANNICIA MILLS 1901 E. NEW ORLEANS AVE TAMPA, FL 33610	
TITLE TD	Delete <input type="checkbox"/>	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME OVERHULS, GLENNA		STREET ADDRESS CITY - ST - ZIP	
39219 HWY EAST 54 ZEPHYRHILLS FL 33540		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME	Delete <input type="checkbox"/>	STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	Delete <input type="checkbox"/>	STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 3/2/07 DAYTIME PHONE #: 813 909 9358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR