


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90011 015 ****70.00

DOCUMENT # N45520
 1. Entity Name
TAMPA BAY FOSSIL CLUB, INC.




Principal Place of Business Mailing Address
39219 HWY E 54 ZEPHYRHILLS FL 33542 US
39219 HWY E 54 ZEPHYRHILLS FL 33542 US

2. Principal Place of Business - No P.O. Box #
2407 TANGERINE HILL CT.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 280447
 Suite, Apt. #, etc.

City & State **Lutz, Florida** City & State **Tampa, FL.**
 Zip **33549** Country **USA** Zip **33682** Country **USA**



1st MOORE CR2E037 (10/07)

4. FEI Number **59-3095698** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 **FL** Zip Code

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 _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	AKIN, TED	
STREET ADDRESS	7945 CAMERON CAY CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEARLE, MICHAEL	
STREET ADDRESS	2407 TANGERINE HILL CT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILLS, ANNICIA	
STREET ADDRESS	1901 E NEW ORLEANS AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OVERHULS, GLENNA	
STREET ADDRESS	39219 HWY EAST 54	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick McGlax	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11911 N. Riverhills	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  MICHAEL SEARLE 2/29/08 8139099358