

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N46239

1. Entity Name

SEARS TAMPA BAY RETIREE CLUB, INC.



Principal Place of Business

6307 NESTING CT
TAMPA FL 33625
US

Mailing Address

6307 NESTING CT
TAMPA FL 33625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3095855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOSE M
6307 NESTING CT
TAMPA FL 33625

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD
NAME DERR, PAUL J
STREET ADDRESS 2722 BUCKHORN OAKS DR.
CITY-ST-ZIP VALRICO FL 33594-4201 ☐ Delete

TITLE CSD
NAME BROWN, KATHY
STREET ADDRESS 3425 CULLENDALE DR
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE VD
NAME SAAVEDRA, HENRY A
STREET ADDRESS 4716 TANNERY AVE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE VD
NAME VAN SCHOYCK, LLOYD S
STREET ADDRESS 2936 WINDMOOR DR S
CITY-ST-ZIP PALM HARBOR FL 34685-1719 ☐ Delete

TITLE TD
NAME GARCIA, JOSE
STREET ADDRESS 6307 NESTING CT
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE SD
NAME SUE CRISWELL, A M
STREET ADDRESS 3607 FLOYD RD
CITY-ST-ZIP TAMPA FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000029947
02/04/04-80089-009 61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

J. M. GARCIA

JAN. 29, 2004 (813)962-3484