

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

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90022 033 ****61.25



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
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2. Principal Place of Business - No P.O. Box # 106 BLOOMINGFIELD DR. Suite, Apt. #, etc.	3. Mailing Address 106 BLOOMINGFIELD DR. Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State BRANDON, FL.	City & State BRANDON, FL.	4. FEI Number 59-3095855	Applied For <input type="checkbox"/> Not Applicable
Zip 33511	Country HILLSBOROUGH	Zip 33511	Country HILLSBOROUGH

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 PAUL L. ODUM Street Address (P.O. Box Number is Not Acceptable) 106 BLOOMINGFIELD DR. BRANDON, FL 33511-7951 City FL Zip Code
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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 *Paul L Odum* *25 January 2007*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) (X)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY, ST, ZIP	PD DERR, PAUL J 2722 BUCKHORN OAKS DR. VALRICO FL 33594-4201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CSD BROWN, KATHY 3425 CULLENDALE DR TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SAAVEDRA, HENRY A 4716 TANNERY AVE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SMITH, NORMAN B 2312 FERN PL TAMPA FL 33604-5729	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD GARCIA, JOSE 6307 NESTING CT TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD KUHN, DIXIE L 2220 HIGH POINT DR BRANDON FL 33511-6619	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD BURIA, HECTOR 2319 FERN CIR. TAMPA, FL 33604-5726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SUAREZ, MICHAEL 4412 MEADOW RIDGE AVE. MULBERRY, FL 33860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD ODUM, PAUL L. 106 BLOOMINGFIELD DR. BRANDON, FL 33511-7951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul L Odum* PAUL L. ODUM *1/25/07* (813)662-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #