2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# N94000005626

Entity Name: TAMPA COLLECTORS CLUB, INC.

Current Principal Place of Business:

9704 N BOULEVARD
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P O BOX 1076
PORT RICHEY, FL 346731076

New Mailing Address:

FEI Number: 59-6133906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROGG, SHELDON
9225 RAINBOW LANE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ORDETX, DOUGLAS	
Address:	12624 CASTLE HILL DR	
City-St-Zip:	TAMPA, FL 33624	
Title:	DV	( ) Delete
Name:	ARTZE, JOSEPH	
Address:	4612 N LINCOLN AVE	
City-St-Zip:	TAMPA, FL 33614	
Title:	DS	( ) Delete
Name:	LAVIGNE, WILLIAM	
Address:	9010 ARNDALE CIRCLE	
City-St-Zip:	TAMPA, FL 33615	
Title:	DT	( ) Delete
Name:	ROGG, SHELDON	
Address:	9225 RAINBOW LN	
City-St-Zip:	PORT RICHEY, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELDON ROGG DT 05/08/2008
Electronic Signature of Signing Officer or Director — Date