2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N98000000117

Entity Name: TARPON TIP-OFF CLUB, INC.

Current Principal Place of Business:

1411 GULF RD
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1411 GULF ROAD
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3556671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

DUBLINO, NORA
1234 PARADISE LAKE
TARPON SPRINGS, FL 34689 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: PD ( ) Delete
Name: DUBLINO, NORA
Address: 1234 PARADISE LAKE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete
Name: LAZZARI, PETER
Address: 1304 N JASMINE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD ( ) Delete
Name: KEYS, JOANN
Address: 1282 STARBOARD KEY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD ( ) Delete
Name: ORGAN, TOM
Address: 1607 GULF RD
City-St-Zip: TARPON SPRINGS, FL 34689

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: JOANN KEYS TD 05/01/2008

Electronic Signature of Signing Officer or Director — Date