2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007314

Entity Name: TAMPA BAY MAGIC CLUB, INC.

FILED Mar 27, 2009 Secretary of State

3180 ENTERPRISE ROAD EAST 11472 64TH AVENUE N. SAFETY HARBOR, FL 34695 SEMINOLE, FL 33772

Current Mailing Address: New Mailing Address:

 11472 64TH AVENUE NORTH
 11472 64TH AVENUE N.

 SEMINOLE, FL 33772
 SEMINOLE, FL 33772

FEI Number: 59-3550257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:KIRWIN, THOMASName:BYRNE, MARKAddress:10517 EVERGREEN STREETAddress:1225 HERMITAGE AVENUECity-St-Zip:NEW PORT RICHEY, FL 34654City-St-Zip:CLEARWATER, FL 33764

 $\label{eq:total_title} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

 Name:
 PRESTON, PAUL
 Name:
 NECE, RONALD

 Address:
 7337 AMHURST LANE
 Address:
 8452 YEARLING LANE

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 NEW PORT RICHEY, FL 34654

Title: T () Delete Title: () Change () Addition

 Name:
 GAUGHAN, PATRICK
 Name:

 Address:
 11472 64TH AVE., NORTH
 Address:

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 WOLIN, PAM
 Name:

 Address:
 124 KENDALE DR.
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 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: PATRICK J. GAUGHAN T 03/27/2009