

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009270

**Entity Name:** R.O.E.C. CLUB, INC.**Current Principal Place of Business:**438 EAST LEMON STREET  
TARPON SPRINGS, FL 34689**Current Mailing Address:**438 EAST LEMON STREET  
TARPON SPRINGS, FL 34689 US**FEI Number:** 80-0509633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOMAN, DAVID  
438 EAST LEMON STREET  
TARPON SPRINGS, FL 34689 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:** DAVID LOMAN

03/14/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOMAN, DAVID  
Address        438 EAST LEMON STREET  
City-State-Zip: TARPON SPRINGS FL 34689

Title            DIRECTOR  
Name            WHELAN, ANNE  
Address        38791 US HWY 19N  
                  LOT 124  
City-State-Zip: TARPON SPRINGS FL 34689-9433

Title            TREASURER  
Name            CUPP, JOHN JR.  
Address        PO BOX 275  
City-State-Zip: HOPWOOD PA 15445

Title            DIRECTOR  
Name            HANN, DIANNE  
Address        801 64TH STREET SOUTH  
                  LOT 112  
City-State-Zip: ST. PETERSBURG FL 33707

Title            DIRECTOR  
Name            WHELAN, RICHARD L  
Address        38791 US HWY 19N  
                  LOT 124  
City-State-Zip: TARPON SPRINGS FL 34689

Title            DIRECTOR  
Name            HANN, ERIC  
Address        801 64TH STREET SOUTH  
                  LOT 112  
City-State-Zip: ST. PETERSBURG FL 33707

Title            DIRECTOR  
Name            CUPP, EMILIE  
Address        PO BOX 275  
City-State-Zip: HOPWOOD PA 15445

Title            VP  
Name            KEITH, THOMAS J  
Address        823 RIVERSIDE DRIVE  
City-State-Zip: TARPON SPRINGS FL 34689

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*I hereby 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 all other like empowered.*

**SIGNATURE:** ALAN L. CAUSEY**SECRETARY**

03/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                         |
|-----------------|-------------------------|
| Title           | SECRETARY               |
| Name            | CAUSEY, ALAN L          |
| Address         | 1216 BLACKRUSH DRIVE    |
| City-State-Zip: | TARPON SPRINGS FL 34689 |