


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90016 001 ****80.00

DOCUMENT # N34021
 1. Entity Name
THE TAMPA BAY MALE CLUB, INC.



Principal Place of Business: **POST OFFICE BOX 340452 TAMPA, FL 33694 US**
 Mailing Address: **POST OFFICE BOX 340452 TAMPA, FL 33694 US**

DO NOT WRITE IN THIS SPACE



09022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3038370	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GAMBLE, TONY
2224 E. COLUMBUS DRIVE
TAMPA, FL 33605

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINDER, EARNEST POST OFFICE BOX 340423 TAMPA, FL 33694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, SAMUEL 3445-01 PARK SQUARE EAST TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWSON, PATRICIA 800 KENDY BLVD TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAMBLE, TONY 2224 E COLUMBUS DRIVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **09/04/2006** **813-962-3970**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #