2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03695

FILED May 02, 2005 Secretary of State

Entity Name: UNITED CIVIC ORGANIZATION OF TAMPA, INC.

Current Principal Place of Business: New Principal Place of Business:

CENTRO AASTRIANO CLUB JOSÉ R. CALDEVILLA 1913 NEBRASKA AVENUE 4609 N. EDDY DR. TAMPA, FL 33602 TAMPA, FL 33603

Current Mailing Address: New Mailing Address:

FRANK LOPEZ UNITED CIVIC ORGANIZATION OF TAMPA, INC. 12711 SEBRING BL. P.O.BOX 4656 TAMPA, FL 33618 TAMPA, FL 33677 US

FEI Number: 59-1989116 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: Name and Address of New Registered Agent:

DIAZ, JOSEPH L 2522 W. KENNEDY BLVD TAMPA, FL 33609

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

VILLADONGA, RAY LOPEZ, FRANK Name: Name: 1210 BEACON HILL DR Address: 18423 BITTERN AVE. Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: LUTZ, FL 33558

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

RODRIGUEZ, REX Name: Name: Address: 6751 RAISTON BEACH CIR. Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip:

Title: () Delete Title: (X) Change () Addition LOPEZ, FRANK Name: CALDEVILLA, JOSÉ R Name:

12711 SEBRING BLVD Address: Address: 4609 N. EDDY DR. City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33603

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

Name: MAGGIO, MICHEAL Name: SANABRIA, OSCAR 903 CANDLEWOOD AVE. Address: 207 N. ALBANY AVE Address: TAMPA, FL 33603 City-St-Zip: TAMPA, FL 33606 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSÉ R. CALDEVILLA TD 05/02/2005