## 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N96000002727

FILED Mar 05, 2014 Secretary of State

Entity Name: CIVIC ASSOCIATION OF PORT TAMPA CITY, INC.

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

4701 LANCASTER

PORT TAMPA CITY, FL 33616

Current Mailing Address: New Mailing Address:

P O BOX 19411 P O BOX 19411

PORT TAMPA CITY, FL 336869411 PORT TAMPA CITY, FL 33686

FEI Number: 59-3231987 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

HARRISON, SHAREN VENTO, TOM
6815 SOUTH TRASK 4701 INGRAHAM ST

PORT TAMPA CITY, FL 33616 US PORT TAMPA CITY, FL 33616 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: TOM VENTO 03/05/2014

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: I

 Name:
 VENTO, TOM

 Address:
 PO BOX 19411

 City-St-Zip:
 TAMPA, FL 336869411

Title: VP

Name: CHESSER, MARIA Address: PO BOX 19411 City-St-Zip: TAMPA, FL 33686

Title: S

 Name:
 MEADOWS, STEVE

 Address:
 PO BOX 19411

 City-St-Zip:
 TAMPA, FL 336869411

Title:

 Name:
 SIMPSON, JAN

 Address:
 PO BOX 19411

 City-St-Zip:
 TAMPA, FL 336869411

Title: [

Name: LEWIS, ALLISON
Address: 7405 S MORTON ST
City-St-Zip: TAMPA, FL 33616

Title:

Name: CURTISS, CAROL Address: P.O. BOX 19304

City-St-Zip: PORT TAMPA CITY, FL 33686

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: TOM VENTO P 03/05/2014