

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001526

**FILED**  
**Feb 10, 2014**  
**Secretary of State**  
**CC7070050872**

**Entity Name:** ROTARY CLUB OF NEW TAMPA - EVENING, INCORPORATED

**Current Principal Place of Business:**

10424 BENEVA DRIVE  
ATTN: PETER R VAKA  
TAMPA, FL 33647

**Current Mailing Address:**

10424 BENEVA DRIVE  
ATTN: PETER R VAKA  
TAMPA, FL 33647 US

**FEI Number:** 26-4296598

**Certificate of Status Desired:** No

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

VAKA, PETER R  
10424 BENEVA DRIVE  
TAMPA, FL 33647 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:** PETER R VAKA

02/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P/D	Title	S, SECRETARY
Name	VAKA, PETER R	Name	GARLINGTON, TYRA
Address	PO BOX 46126	Address	PO BOX 46126
City-State-Zip:	TAMPA FL 33646	City-State-Zip:	TAMPA FL 33646
Title	DIRECTOR	Title	VP
Name	DEAMBROSE, ROBERT L	Name	DONOVAN, LEON J
Address	PO BOX 46126	Address	PO BOX 46126
City-State-Zip:	TAMPA FL 33646	City-State-Zip:	TAMPA FL 33646
Title	TREASURER		
Name	JOHNSON, NOVELETTE		
Address	PO BOX 46126		
City-State-Zip:	TAMPA FL 33646		

*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:** ROBERT L DEAMBROSE

**DIRECTOR**

02/10/2014

Electronic Signature of Signing Officer/Director Detail

Date