

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 735918**

1. Entity Name  
**WELLWOOD CIVIC CLUB, INC.**



**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90303 045 \*\*\*\*61.25

Principal Place of Business  
**4806 WISHART BLVD.  
TAMPA, FL 33603-1619**

Mailing Address  
**4806 WISHART BLVD.  
TAMPA, FL 33603-1619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1733869**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COX, MIREYA  
4915 DARBY AVE.  
TAMPA, FL 33603**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete  
NAME **FELDMAN, KAREN**  
STREET ADDRESS **1710 W JOHNSTON**  
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **Sect** ☐ Change ☒ Addition  
NAME **Seabrook, Linda**  
STREET ADDRESS **1710 Bedingfield**  
CITY-ST-ZIP **Tampa, Fl 33603**

TITLE **D** ☒ Delete  
NAME **EDELSON, IRY**  
STREET ADDRESS **4908 MENDENHALL DR.**  
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **CS** ☐ Change ☒ Addition  
NAME **Farrugia, Mark**  
STREET ADDRESS **4905 N Darby Ave.**  
CITY-ST-ZIP **Tampa, Fl 33603**

TITLE **VP** ☐ Delete  
NAME **EDELSON, IRV**  
STREET ADDRESS **4908 MENDERHALL DR**  
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **D** ☐ Change ☒ Addition  
NAME **Lemus, Nancy**  
STREET ADDRESS **4907 Mendenhall Dr**  
CITY-ST-ZIP **Tampa, Fl 33603**

TITLE **T** ☐ Delete  
NAME **PYLES, ADA**  
STREET ADDRESS **4806 DARBY**  
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **D** ☐ Change ☒ Addition  
NAME **Carpenter, Joycelyn**  
STREET ADDRESS **4921 Wishart Blvd.**  
CITY-ST-ZIP **Tampa, Fl 33603**

TITLE **D** ☐ Delete  
NAME **KILGORE, JEAN**  
STREET ADDRESS **4706 N. FREEMONT**  
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **D** ☐ Change ☒ Addition  
NAME **Kilgore, Robert**  
STREET ADDRESS **4706 N Freemont Ave**  
CITY-ST-ZIP **Tampa, Fl 33603**

TITLE **P** ☐ Delete  
NAME **COX, MIREYA**  
STREET ADDRESS **4915 DARBY AVENUE**  
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **D** ☐ Change ☒ Addition  
NAME **CRUZ, FRANK**  
STREET ADDRESS **2107 W Ferris**  
CITY-ST-ZIP **Tampa, Fl 33603**

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 817, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #