

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 735918

1. Entity Name
WELLSWOOD CIVIC CLUB, INC.



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

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



04162008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1733869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COX, MIREYA
4915 DARBY AVE.
TAMPA, FL 33603

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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
S
SEABROOK, LINDA
1710 BEDINGFIELD
TAMPA, FL 33603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CS
FARRUGIA, MARK
4905 N DARBY AVE
TAMPA, FL 33603

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-08 8132373373