SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 757866 (9)

1. Corporation Name
UNIVERSITY AREA CIVITAN CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~9730 CYPRESS SHADOW~~	~~9730 CYPRESS SHADOW AVENUE~~ P.O. Box 272568
~~BOX 190~~	~~BOX 190~~
~~TAMPA FL 33647~~	~~TAMPA FL 33647~~ Tampa, FL 33688
~~US~~	~~US~~

3. Date Incorporated or Qualified: 05/06/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2410 Prairie PL	26 P.O. Box 272568
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lutz, FL	City & State 28 Tampa, FL
Zip 24 33549 Country 25 USA	Zip 29 33688 Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERSKY, DAVID W. 9631 NORCHESTER CIRCLE 806 JACKSON ST. TAMPA FL 33647	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCHENONE, JOHN	1.2 NAME	Anthony, James	
STREET ADDRESS	9730 CYPRESS SHADOW AVENUE	1.3 STREET ADDRESS	9481 Highland Oaks Dr., #201	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	ANTHONY, JAMES	2.2 NAME		
STREET ADDRESS	9730 CYPRESS SHADOW AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	SHARP, SARA	3.2 NAME		
STREET ADDRESS	9730 CYPRESS SHADOW AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	KNIGHT, RICHARD	4.2 NAME	Mortellaro, Douglas	
STREET ADDRESS	9730 CYPRESS SHADOW AVENUE	4.3 STREET ADDRESS	2410 Prairie PL	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Lutz, FL 33549	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	NORTON, JOSEPH T	5.2 NAME		
STREET ADDRESS	10740 56TH ST BAY 190	5.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, JOHN	6.2 NAME		
STREET ADDRESS	10740 56TH ST BAY 190	6.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas Mortellaro 7-12-95 813-933-4084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Douglas Mortellaro

0813180