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May 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 757866 (9)

1. Corporation Name

UNIVERSITY AREA CIVITAN CLUB, INC.



Principal Place of Business

Mailing Address

2410 PRAIRIE PLACE
LUTZ FL 33549
US

P. O. BOX 272568
TAMPA FL 33688-2568
US

3. Date Incorporated or Qualified
05/06/1981

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 P.O. Box 272568
23 City & State
TAMPA, FL

26 Suite, Apt. #, etc.
27 City & State
28 Zip
32688

24 Zip
32688

25 Country
USA

29 Zip
30 Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD DIRECTOR	DELETE
NAME	STEWART, SHARIE	
STREET ADDRESS	2532 LAKE ELLEN LANE	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHARR SARA	
STREET ADDRESS	9730 CYPRESS SHADOW AVENUE	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORTELLARO, DOUGLAS	
STREET ADDRESS	2410 PRAIRIE PL	
CITY - ST - ZIP	LUTZ FL	
TITLE	D	DELETE
NAME	NORTON, JOSEPH T	
STREET ADDRESS	10740 56TH ST BAY 190	
CITY - ST - ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	DELETE
NAME	CAMPBELL, JOHN	
STREET ADDRESS	10740 56TH ST BAY 190	
CITY - ST - ZIP	TEMPLE TERRACE FL 33617	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHIRLEY ADENA	
1.3 STREET ADDRESS	630 HOLLAND AVE.	
1.4 CITY - ST - ZIP	TEMPLE TERRACE, FL 33617	
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DOUG MORTELLARO	
2.3 STREET ADDRESS	2410 PRAIRIE PLACE	
2.4 CITY - ST - ZIP	LUTZ, FL 33549	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID CRONIN	
3.3 STREET ADDRESS	14535 BRUCE B. DOWNS BLVD. #734	
3.4 CITY - ST - ZIP	TAMPA, FL 33613	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAT JONES	
4.3 STREET ADDRESS	1327 FILBERT LANE	
4.4 CITY - ST - ZIP	TAMPA, FL 33637	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED

2/14/97

(813) 229-7201

CR2E037 (9/96)