# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:22

DOCUMENT # N04022 (2)

1. Corporation Name
ALCALDE OF YBOR CITY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 19210 HIAWATHA ROAD, ODESSA FL 33556<br>P.O. BOX 75700<br>TAMPA FL 33675 | ~~19210 HIAWATHA ROAD, ODESSA, FL 33556~~<br>P.O. BOX 75700<br>TAMPA FL 33675 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-6150965 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired ☒ | $8.75 Additional Fee Required |
| 21 | 26 P.O Box 75700 | | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 TAMPA FL | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ | $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 33675 / Country 30 HILLSB. | 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 |
|---|---|
| ST. PAUL, GUY<br>19210 HIAWATHA RD<br>ODESSA FL 33556 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | SANCHEZ, DAHLIA | 12 NAME | | |
| STREET ADDRESS | 314 RIVER POINT DRIVE | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | | |
| TITLE | TD | 21 TITLE | TD | ☒ Change ☐ Addition |
| NAME | CIUCIO, ANTHONY O | 22 NAME | STEPHENS, GENE R. | |
| STREET ADDRESS | 3306 CORDELIN ST | 23 STREET ADDRESS | 810 W. PATBUL ST. | |
| CITY-ST-ZIP | TAMPA FL | 24 CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | SD | 31 TITLE | SD | ☒ Change ☐ Addition |
| NAME | ALGRECHT, MOLLY | 32 NAME | TURNER, ROSIE | |
| STREET ADDRESS | 6402 LINCOLN RD | 33 STREET ADDRESS | 3603 S. CARTER ST. | |
| CITY-ST-ZIP | BRADENTON FL | 34 CITY-ST-ZIP | TAMPA, FL 33629 | |
| TITLE | PD | 41 TITLE | PD | ☒ Change ☐ Addition |
| NAME | STEPHEN, AMANDA S | 42 NAME | STEPHENS, AMANDA S. | |
| STREET ADDRESS | 8510 NO ARMENIA AVE, STE 1608 | 43 STREET ADDRESS | 810 W. PATBUL ST. | |
| CITY-ST-ZIP | TAMPA FL | 44 CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information contained in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above, or on an attachment with an address.

SIGNATURE: [signature] GENE R. STEPHENS 2-15-95 813-933-1749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011033