

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N04022

(2)

1. Corporation Name

ALCALDE OF YBOR CITY, INC.



Principal Place of Business

19210 HIAWATHA ROAD, ODESSA, FL 33556  
P.O. BOX 75700  
TAMPA FL 33675

Mailing Address

P O BOX 75700  
P.O. BOX 75700  
TAMPA FL 33675  
US

3. Date Incorporated or Qualified  
07/01/1984

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

ST. PAUL, GUY  
19210 HIAWATHA RD  
ODESSA FL 33556

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE  
NAME SANCHEZ, DAHLIA  
STREET ADDRESS 314 RIVER POINT DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE  
NAME STEPHENS, GENE R  
STREET ADDRESS 810 W PATBUR ST  
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE  
NAME TURNER, ROSIE  
STREET ADDRESS 3603 S CARTER ST  
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ DELETE  
NAME STEPHEN, AMANDA S  
STREET ADDRESS 810 W PATBUR ST  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VD BRUCIO, ANTHONY ☒ Change ☐ Addition  
12 NAME 3306 Cordelia ST  
13 STREET ADDRESS Tampa, FLA 33607  
14 CITY-ST-ZIP

21 TITLE TD ☒ Change ☐ Addition  
22 NAME STOKES, DONNA V  
23 STREET ADDRESS 26338 Brahma dr  
24 CITY-ST-ZIP Zephyrhills, FL 33544

31 TITLE SD ☒ Change ☐ Addition  
32 NAME SANCHEZ, DAHLIA  
33 STREET ADDRESS 314 RIVER POINT DR.  
34 CITY-ST-ZIP TPA, FL 33619 (DAHLIA)

41 TITLE PD ☒ Change ☐ Addition  
42 NAME SANCHEZ, BOB  
43 STREET ADDRESS 314 RIVER POINT DR.  
44 CITY-ST-ZIP TAMPA, FL 33619

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96

Date

991-4747

Daytime Phone #

CR2E037 (12/95)