

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90024 034 ****61.25

DOCUMENT # N05000005286 1. Entity Name KIWANIS CLUB OF NEW TAMPA 2004, INC.					
Principal Place of Business TAMPA PALMS GOLF & COUNTRY CLUB 5811 TAMPA PALMS BLVD. TAMPA, FL 33647			Mailing Address P.O. BOX 47475 TAMPA, FL 33647		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FFI Number 75 317 6704			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MASTRORIO, DAVID M 27717 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTRORIO, DAVID M		NAME	PACHOLEC, LENNY	
STREET ADDRESS	27717 KIRKWOOD CIRCLE		STREET ADDRESS	16358 ASHINGTON PARK DRIVE	
CITY-ST-ZIP	TAMPA, FL 33543		CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	PRES ELECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACHOLEC, LENNY		NAME	THOMAS DRISCOLL	
STREET ADDRESS	16358 ASHINGTON PARK DR.		STREET ADDRESS	35716 WELBY COURT	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	ZENITH HILLS FL 33541	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESS, LINDA		NAME	KERIN GOFF	
STREET ADDRESS	716 E. ELLICOTT ST.		STREET ADDRESS	13939 TIMBERVIEW ST	
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTELLA, CHRISTOPHER		NAME	LESLEY S. ZAJAC	
STREET ADDRESS	22909 YARN CT.		STREET ADDRESS	9708 CYPRESS BROOK RD	
CITY-ST-ZIP	LAND O LAKES, FL 33543		CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete	TITLE	IMMEDIATE PAST PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	DAVID M. MASTORIO	
STREET ADDRESS			STREET ADDRESS	27717 KIRKWOOD CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Tom Driscoll</i> Tom Driscoll			Date: <i>3-9-06</i> Daytime Phone #: <i>813-977-8195</i>		