

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002023

FILED
Aug 05, 2009
Secretary of State

Entity Name: THE VALRICO CIVIC CLUB HISTORICAL PRESERVATION FOUNDATION, INC.

Current Principal Place of Business:

ATTN: LINA ANGELICI, ESQ.
ONE TAMPA CITY CENTER SUITE 3200
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

ATTN: LINA ANGELICI, ESQ.
ONE TAMPA CITY CENTER SUITE 3200
TAMPA, FL 33602

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANGELICI, LINA ESQ
WILLIAMS SCHIFINO MANGIONE & STEADY PA
ONE TAMPA CITY CENTER SUITE 3200
TAMPA, FL 33602 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANGELICI, LINA
Address: 3809 NORTHRIDGE DRIVE
City-St-Zip: VALRICO, FL 33596

Title: D () Delete
Name: HOOGLANDER, INGRID
Address: 1430 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 335114853

Title: D () Delete
Name: RIOS, RICHARD J
Address: 2810 ROLLING ACRES PLACE
City-St-Zip: VALRICO, FL 33596

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINA ANGELICI

D

08/05/2009

Electronic Signature of Signing Officer or Director

Date