

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 # **N09402** (1)
1. Corporation Name
WOMEN'S YACHT RACING ASSOCIATION, TAMPA BAY, INC



Principal Place of Business
**3811 KENWOOD AVE
TAMPA FL 33611
US**

Mailing Address
**P O BOX 25396
TAMPA FL 33622-396
US**

3. Date Incorporated or Qualified
05/21/1985

3a. Date of Last Report
03/02/1995

2. Principal Place of Business
21 **P.O. Box 21401**
Suite, Apt. #, etc.
22
City & State
23 **TAMPA, FL**
Zip
24 **33622** Country
25 **USA**

2a. Mailing Address
26 **P.O. Box 21401**
Suite, Apt. #, etc.
27
City & State
28 **TAMPA, FL**
Zip
29 **33622** Country
30 **USA**

4. FEI Number
59-2528584

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

**BENDER, BARBARA
3811 KENWOOD AVE
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name **Kathy Donaldson**
82 Street Address (P.O. Box Number is Not Acceptable)
3129 Yale St., N.
83
84 City **St. Petersburg, FL** 85 Zip Code **33713**

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 **Kathy Donaldson (treasurer)** *Kathy Donaldson* **2/6/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODGERS, MARY TONE	
STREET ADDRESS	618 RIVIERA DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHILLING, DEE	
STREET ADDRESS	4945 1/2 3RD AVE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, MICHELLE	
STREET ADDRESS	2405 W. TEXAS AVE APT #4	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BENDER, BARBARA	
STREET ADDRESS	3811 KENWOOD AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Sandy Strathie	
23 STREET ADDRESS	6011 2nd Ave., S.	
24 CITY - ST - ZIP	St. Pete, FL 33707	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Nancy Deringer	
33 STREET ADDRESS	74 Davis Blvd #8	
34 CITY - ST - ZIP	TAMPA, FL 33606	
41 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Kathy Donaldson	
43 STREET ADDRESS	3129 Yale St, N	
44 CITY - ST - ZIP	St. Pete, FL 33713	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	200001772782	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-04/08/96--01084--022	
63 STREET ADDRESS	***61.25	
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: *Kathy Donaldson* **Kathy Donaldson** **2/6/96** **(813) 536-9335**

CR2E037 (12/95)

4-8-96