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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16808

(0)

1. Corporation Name

ZONTA CLUB OF TAMPA I, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6173107	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
PO BOX 23451 230 SO. GUNLOCK AVE. TAMPA FL 33609		PO BOX 23451 230 SO. GUNLOCK AVE. TAMPA FL 33609	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent	
BURCH, NAOMI N. 230 SO. GUNLOCK AVE. TAMPA FL 33609	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 Naomi N. Burch (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when translating) Naomi N. Burch DATE 6-15-95

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SWINGLEY, MARIE
STREET ADDRESS	2309 FIG STREET
CITY - ST - ZIP	TAMPA FL
TITLE	PE
NAME	VARGAS, HORTENSIA
STREET ADDRESS	5028 SAN MIGUEL STREET
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	SPENCE, LINDA M
STREET ADDRESS	1702 AVON CT
CITY - ST - ZIP	TAMPA FL
TITLE	PD
NAME	GREGORY, MARY
STREET ADDRESS	10 SPANISH MAIN
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	WILLIAMS, MARY PAGE
STREET ADDRESS	2315 W POWHATTAN AVE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	NADEAU, KAREN
STREET ADDRESS	4302 GUNN HIGHWAY, 213
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	Spence, Linda
1.3 STREET ADDRESS	1702 Avon Ct
1.4 CITY - ST - ZIP	Tampa, FL
2.1 TITLE	PE
2.2 NAME	Rhonda Trainor
2.3 STREET ADDRESS	318 Deer Cove Ln.
2.4 CITY - ST - ZIP	Lutz, FL
3.1 TITLE	VP
3.2 NAME	Leartis Hayes
3.3 STREET ADDRESS	511 E. Adalberto St
3.4 CITY - ST - ZIP	Tampa, FL
4.1 TITLE	PD
4.2 NAME	Margaret Mary Alland
4.3 STREET ADDRESS	10937 Friendship Ln - P.O. Box 9
4.4 CITY - ST - ZIP	Odessa FL 33556-0009
5.1 TITLE	D
5.2 NAME	Lucille Kean
5.3 STREET ADDRESS	4601 Grayview Ct, Apt 203-C
5.4 CITY - ST - ZIP	Tampa FL
6.1 TITLE	D
6.2 NAME	Swingley, Marie
6.3 STREET ADDRESS	2309 Fig St
6.4 CITY - ST - ZIP	Tampa, FL

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda M. Spence (Signature and typed or printed name of signing officer or director) DATE 6/20/95 (813) 875-5151 (113) 920-6268