

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20182

FILED
Mar 09, 2008
Secretary of State

Entity Name: KIWANIS CLUB OF TAMPA, INC.

Current Principal Place of Business:

4100 W. KENNEDY BLVD
STE 226
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22154
TAMPA, FL 336222154

New Mailing Address:

P.O. BOX 22154
TAMPA, FL 336222154 US

FEI Number: 59-0724979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, ALBERTO
11726 BRANCH MOORING DR
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

FOX, ANGELA
9108 SHADOW POND COURT
ODESSA, FL 33556 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: ANGELA FOX

03/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: KOSCSO, MARTIN E
Address: 8213 CRENSHAW CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: PD () Delete
Name: DIAZ, ALBERTO
Address: 11726 BRANCH MOORING DR.
City-St-Zip: TAMPA, FL 33635

Title: TD () Delete
Name: KEYES, KARA
Address: 858 27TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: SD () Delete
Name: D'AQUILA, LINDA
Address: 1302 PARK CIRCLE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SHELTON, MICHAEL
Address: 4213 W. WATROUS AVE.
City-St-Zip: TAMPA, FL 33629

Title: PD (X) Change () Addition
Name: FOX, ANGELA
Address: 9108 SHADOW POND COURT
City-St-Zip: ODESSA, FL 33556

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

Title: SD (X) Change () Addition
Name: LIEBERMAN, IAN
Address: 402 S. ARMENIA AVE. APT 119A
City-St-Zip: TAMPA, FL 33609

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: ANGELA FOX

PD

03/09/2008

Electronic Signature of Signing Officer or Director

Date