

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20335

FILED
Mar 19, 2008
Secretary of State

Entity Name: YBOR CITY ROTARY FOUNDATION, INC.

Current Principal Place of Business:

304 S WILLOW AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5931
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-1158669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALES, JOE M
304 S WILLOW AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: ALFARAS, RUBEN
Address: 2102 N HIMES AVE
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: WEBSTER, TONY A
Address: 400 TAMPA STREET #2200
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: FEDERSPIEL, RONALD F
Address: 5212 E. 131ST AVE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: DANA, LUDWIG
Address: 5403 LIPSCOMB ST. SOUTH
City-St-Zip: TAMPA, FL 33611

Title: DST () Delete
Name: CALDWELL, CAREY
Address: 2701 GREENMOOR PLACE
City-St-Zip: TAMPA, FL 33618

Title: DP () Delete
Name: CASTELLANO, SEBASTIAN
Address: 302 S. MACDILL
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALFARAS, RUBEN
Address: 2102 N HIMES AVE
City-St-Zip: TAMPA, FL 33607

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

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

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

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

Title: D (X) Change () Addition
Name: HESS, HEIDI
Address: 4209 N RIVERVIEW AVE
City-St-Zip: TAMPA, FL 33607

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: CAREY CALDWELL

DST

03/19/2008

Electronic Signature of Signing Officer or Director

Date