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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **N24397** **(4)**

1. Corporation Name

EXCHANGE CLUB OF TAMPA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10206 TAMPA FL 33679-0206	P.O. BOX 10206 TAMPA FL 33679-0206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/19/1988	01/28/1994

4. FEI Number: **59-6194131** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under s. 199 F.S., Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWELL, GEORGE B. III 4315 SYLVAN RAMBLE TAMPA FL 33609	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **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: (Signature of new registered agent, if changed) (Signature of former Registered Agent required on request after resignation) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	11 TITLE	☐ Change ☐ Addition
NAME	COOK, WARD	12 NAME	
STREET ADDRESS	5025 HOMER AVE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33629	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	HAMMER, JOHN J	22 NAME	
STREET ADDRESS	4010 BOY SCOUT RD, STE 150	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MUNIZ, JULIO C	32 NAME	
STREET ADDRESS	707 AZEELE ST	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	HOWELL, GEORGE B.III	42 NAME	
STREET ADDRESS	4315 SYLVAN RAMBLE	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	CROWDER, SHEFFIELD	52 NAME	
STREET ADDRESS	2910 SAN ISIDRO	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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 addition.

SIGNATURE: Ward Cook (WARD COOK) 5/1/95 (813) 837-2773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

006B073