

# 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 # **N24653** (0)

1. Corporation Name

**YBOR CITY SERTOMA CLUB, INC.**



Principal Place of Business

Mailing Address

**2702 W LOUISIANA  
TAMPA FL 33614  
US**

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TAMPA FL 33614  
US**

3. Date Incorporated or Qualified  
**02/03/1988**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **4306 Round Lake Ct.**

2a. Mailing Address  
26 **4306 Round Lake Ct.**

4. FEI Number  
**59-2353921**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State  
23 **Tampa, FL**

City & State  
28 **Tampa, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
24 **33624**

Country

Zip  
29 **33624**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRITZ, ELWOOD, TEE  
221 LANDING DR  
LUTZ FL 33549**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SCAGLIONE, MARK**  
STREET ADDRESS **5458 N. RIVERSHORE DR.**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ROBERTS, DALE A.**  
STREET ADDRESS **14524A LK MAGDALENE BLVD**  
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **GONZALEZ, FRANK R.**  
STREET ADDRESS **4205 STANLEY RD**  
CITY-ST-ZIP **PLANT CITY FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **PADRON, LAZARO**  
STREET ADDRESS **2702 W LOUISIANA**  
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Lazaro Padron**  
4.3 STREET ADDRESS **4306 Round Lake Ct.**  
4.4 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **S** ☐ DELETE  
NAME **FRITZ, ELWOOD, TEE**  
STREET ADDRESS **221 LANDING DR**  
CITY-ST-ZIP **LUTZ FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-17-96**

CR2E037 (12/95)