FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35367** **(4)**

1. Corporation Name
DALE MABRY SERTOMA CLUB, INC.

Principal Place of Business	Mailing Address
C/O SAM A. GIUNTA 3302 AZEELE STREET TAMPA FL 33609 US	C/O SAM A. GIUNTA 3302 AZEELE STREET TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1989
3a. Date of Last Report: 07/14/1994
4. FEI Number: 59-6213278 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent

YADO, JESS J., III
4830 W. KENNEDY BLVD.
SUITE 750, ONE URBAN CENTRE
TAMPA FL 33609

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CICOTELLI, BRUNO	12 NAME		
STREET ADDRESS	234 15TH ST. N	13 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP		
TITLE	~~D~~	21 TITLE	VICE PRES	☒ Change ☐ Addition
NAME	~~JOYCE, JEAN~~	22 NAME	KRAUSS, JIM	
STREET ADDRESS	~~4522 SWANN AVE.~~	23 STREET ADDRESS	12495 BRISTOL COMMON CR	
CITY ST ZIP	~~TAMPA FL~~	24 CITY ST ZIP	TAMPA FL 33609	
TITLE	~~D~~	31 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	~~VIVIANO, TOM~~	32 NAME	YADO, JESS J III	
STREET ADDRESS	~~8765 BAY POINTE DR.~~	33 STREET ADDRESS	SUITE 750, ONE URBAN CENTRE	
CITY ST ZIP	~~TAMPA FL~~	34 CITY ST ZIP	TAMPA FL 33609	
TITLE	~~D~~	41 TITLE	TREASURER	☒ Change ☐ Addition
NAME	~~CULLARO, JOHN~~	42 NAME	COLYER, JIM	
STREET ADDRESS	~~P.O. BOX 1910 N/A~~	43 STREET ADDRESS	752 CORNER OAKS DR	
CITY ST ZIP	~~TAMPA FL~~	44 CITY ST ZIP	BRANDON FL 33510	
TITLE	~~T~~	51 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	GADARIAN DR VAHAK	52 NAME		
STREET ADDRESS	1211 N WESTHSHORE BLVD, STE 105	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP		
TITLE	~~D~~	61 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GIUNTA, SAM	62 NAME		
STREET ADDRESS	3302 AZEELE ST	63 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	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 address.

SIGNATURE: _____ (813) 988-3652 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — (Date) — (Daytime Phone #)
JAMES C COLYER

DOS 1074