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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:47

DOCUMENT # N37320 (1)

1. Corporation Name

UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
P. O. BOX 26284 TAMPA FL 33622-6284 US	P. O. BOX 26284 TAMPA FL 33622-6284 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1990
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-2932786 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

KRAUSE, JEAN MCCLELLAND
1018 MONTEREY BLVD., NE
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☑ Change ☐ Addition
NAME	SILVERMAN, AMY	1.2 NAME	BERG, SARA	
STREET ADDRESS	507 SO DELAWARE AVE	1.3 STREET ADDRESS	11500 Summit West Blvd. #44D	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	KRAUSE, JEAN MCCLELLAND	2.2 NAME		
STREET ADDRESS	1018 MONTEREY BLVD., NE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	SEHRES, KEN	3.2 NAME		
STREET ADDRESS	4311 SEVILLA ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	PTD	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	MUROFF, CAROL	4.2 NAME		
STREET ADDRESS	801 BAYSHORE BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☐ Change ☑ Addition
NAME		5.2 NAME	HUBAC, GEORGE	
STREET ADDRESS		5.3 STREET ADDRESS	13809 Lazy Oak Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa FL 33613	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Carol S Muroff CAROL S. MUROFF, Treasurer 1/19/95 8132540900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

008487T