

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 # N37320 (1)
1. Corporation Name
UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF TAMPA BAY, INC.



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

Mailing Address
**P. O. BOX 26284
TAMPA FL 33622-6284
US**

3. Date Incorporated or Qualified
03/22/1990

3a. Date of Last Report
01/30/1995

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

4. FEI Number
59-2932786

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

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

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

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERG, SARA	
STREET ADDRESS	11500 SUMMIT WEST BLVD. #44D	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KRAUSE, JEAN MCCLELLAND	
STREET ADDRESS	1018 MONTEREY BLVD., NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEHRES, KEN	
STREET ADDRESS	4311 SEVILLA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MUROFF, CAROL	
STREET ADDRESS	801 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUBAC, GEORGE	
STREET ADDRESS	13809 LAZY OAK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Sara moved.
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD KRAUSE, JEAN MCCLELLAND
23 STREET ADDRESS	1018 MONTEREY BLVD NE
24 CITY-ST-ZIP	ST. PETERSBURG FL
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Ken resigned.
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	SD LESSER ROBYN
63 STREET ADDRESS	2434 Kent Place
64 CITY-ST-ZIP	Clearwater FL 34624-7567

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 changed, or on an attachment with an address.

SIGNATURE: Carol S. Muroff (CAROL S. Muroff) 1-20-96 813254 0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)