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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N48843 (9)

1. Corporation Name

MAKE-A-WISH AUXILIARY OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
P O BOX 151653 TAMPA FL 33684	P O BOX 151653 TAMPA FL 33684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1992
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-3126627 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~MILIAN, MARY STELESTE~~ Mary S. Lucciani
10478 ST. TROPEZ PL
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: Mary S Lucciani
82 Street Address (P.O. Box Number is Not Acceptable): 10478 ST. TROPEZ PL.
83
84 City: TAMPA FL 85 Zip Code: 33615

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
(If changing Registered Agent, this form must be signed by the new Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PEARCE, SONIA	12 NAME	
STREET ADDRESS	3316 KATHLEEN ST	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSEN, FRANCES	22 NAME	
STREET ADDRESS	14183 WADSWORTH DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	PADRON, NORMA JEAN	32 NAME	
STREET ADDRESS	4101 CARMEN ST	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	DRS	41 TITLE	☐ Change ☐ Addition
NAME	ALMERICO, VICKI	42 NAME	
STREET ADDRESS	204 TREASURE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	44 CITY-ST-ZIP	
TITLE	DSC	51 TITLE	☐ Change ☐ Addition
NAME	CHAITOW, JAN	52 NAME	
STREET ADDRESS	9309 W. FLORA ST.	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	54 CITY-ST-ZIP	
TITLE	DT	61 TITLE	☐ Change ☐ Addition
NAME	MILIAN, MARY SELESTE	62 NAME	
STREET ADDRESS	10478 ST. TROPEZ PLACE	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	64 CITY-ST-ZIP	

14. I (We) 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: Mary S. Lucciani MARY S. LUCCIANI FEB. 22, 1995 813-854-1875
(SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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