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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

3. Date Incorporated or Qualified

05/08/1992

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCCIONI, MARY S  
10478 ST. TROPEZ PL  
TAMPA FL 33615

81 Name

CURBELO, DIANA S.

82 Street Address (P.O. Box Number is Not Acceptable)

3925 DORAL DRIVE

83

84 City

TAMPA

FL

85 Zip Code

33634

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

*Diana S. Curbelo*

(DIANA S. CURBELO)

1/29/96

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          | P   | PEARCE, SONIA          | <input checked="" type="checkbox"/> DELETE |
| NAME           |     | 3316 KATHLEEN ST       |  |
| STREET ADDRESS |     | TAMPA FL               |  |
| CITY-ST-ZIP    |     |                        |  |
| TITLE          | VP  | ANDERSEN, FRANCES      | <input type="checkbox"/> DELETE            |
| NAME           |     | 14183 WADSWORTH DR.    |  |
| STREET ADDRESS |     | ODESSA FL 33556        |  |
| CITY-ST-ZIP    |     |                        |  |
| TITLE          | VP  | PADRON, NORMA JEAN     | <input type="checkbox"/> DELETE            |
| NAME           |     | 4101 CARMEN ST         |  |
| STREET ADDRESS |     | TAMPA FL               |  |
| CITY-ST-ZIP    |     |                        |  |
| TITLE          | DRS | ALMERICO, VICKI        | <input checked="" type="checkbox"/> DELETE |
| NAME           |     | 204 TREASURE DR.       |  |
| STREET ADDRESS |     | TAMPA FL 33609         |  |
| CITY-ST-ZIP    |     |                        |  |
| TITLE          | DSC | CHAITOW, JAN           | <input type="checkbox"/> DELETE            |
| NAME           |     | 9309 W. FLORA ST.      |  |
| STREET ADDRESS |     | TAMPA FL 33615         |  |
| CITY-ST-ZIP    |     |                        |  |
| TITLE          | DT  | MILIAN, MARY SELESTE   | <input checked="" type="checkbox"/> DELETE |
| NAME           |     | 10478 ST. TROPEZ PLACE |  |
| STREET ADDRESS |     | TAMPA FL 33615         |  |
| CITY-ST-ZIP    |     |                        |  |

|                    |     |                     |  |
|--------------------|-----|---------------------|--|
| 1.1 TITLE          | DVP | MIRANDA, SHIRLEY    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           |     | 2918 W. LAKE AVE.   |  |
| 1.3 STREET ADDRESS |     | TAMPA, FL 33607     |  |
| 1.4 CITY-ST-ZIP    |     |                     |  |
| 2.1 TITLE          | DVP |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |     |                     |  |
| 2.3 STREET ADDRESS |     |                     |  |
| 2.4 CITY-ST-ZIP    |     |                     |  |
| 3.1 TITLE          | DP  |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |     |                     |  |
| 3.3 STREET ADDRESS |     |                     |  |
| 3.4 CITY-ST-ZIP    |     | TAMPA, FL 33609     |  |
| 4.1 TITLE          | DRS | ARCOS, DONETTE      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           |     | 3806 NORTH B STREET |  |
| 4.3 STREET ADDRESS |     | TAMPA, FL 33609     |  |
| 4.4 CITY-ST-ZIP    |     |                     |  |
| 5.1 TITLE          | DCS | ESCOBIO, BARBARA    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           |     | 2709 KATHLEEN ST.   |  |
| 5.3 STREET ADDRESS |     | TAMPA, FL 33607     |  |
| 5.4 CITY-ST-ZIP    |     |                     |  |
| 6.1 TITLE          | DT  | CURBELO, DIANA S.   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           |     | 3925 DORAL DRIVE    |  |
| 6.3 STREET ADDRESS |     | TAMPA, FL 33634     |  |
| 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 changed, or on an attachment with an address.

SIGNATURE: *Diana S. Curbelo*

1/29/96

(813) 237-0945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)