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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33684P O BOX 151653
TAMPA FL 33684-16533. Date Incorporated or Qualified
05/08/19923a. Date of Last Report
02/14/1996

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURBELO, DIANA S
3925 DORAL DRIVE
TAMPA FL 33634

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

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 **DVP** ☐ DELETE
NAME **MIRANDA, SHIRLEY**
STREET ADDRESS **2918 W LAKE AVENUE**
CITY - ST - ZIP **TAMPA FL**1.1 TITLE **DCS** ☐ Change ☒ Addition
1.2 NAME **ANDREA NORISGA**
1.3 STREET ADDRESS **8920 LINDENHURST PI**
1.4 CITY - ST - ZIP **TAMPA, FL 33634**TITLE **DVP** ☐ DELETE
NAME **ANDERSEN, FRANCES**
STREET ADDRESS **14183 WADSWORTH DR.**
CITY - ST - ZIP **ODESSA FL**2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **DP** ☒ DELETE
NAME **PADRON, NORMA JEAN**
STREET ADDRESS **4101 CARMEN ST**
CITY - ST - ZIP **TAMPA FL**3.1 TITLE **DRS** ☐ Change ☒ Addition
3.2 NAME **BRENDA FONDA**
3.3 STREET ADDRESS **12305 KELLY LANE**
3.4 CITY - ST - ZIP **THEFTASASSA, FL 33592**TITLE **DRS** ☒ DELETE
NAME **ARCOS, DONETTE**
STREET ADDRESS **3806 NORTH B STREET**
CITY - ST - ZIP **TAMPA FL**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE **DCS** ☐ DELETE
NAME **ESCOBIO, BARBARA**
STREET ADDRESS **2709 KATHLEEN STREET**
CITY - ST - ZIP **TAMPA FL**5.1 TITLE **DVP** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE **DT** ☐ DELETE
NAME **CURBELO, DIANA S.**
STREET ADDRESS **3925 DORAL DRIVE**
CITY - ST - ZIP **TAMPA FL**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: *Diana S. Curbelo* **DIANA S. CURBELO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 (813) 237-0945

Date Daytime Phone # 0048304

CR2E037 (9/96)