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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
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DOCUMENT # N93000005059 (1)

1. Corporation Name
KIWANIS CLUB OF YBOR CITY, TAMPA, FLORIDA, INC.

Principal Place of Business	Mailing Address
705 W. AZEELE STREET TAMPA FL 33606	705 W. AZEELE STREET TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1993
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3206398 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 3922 W. TACON ST. Suite, Apt. #, etc. 22 TAMPA, FLORIDA City & State 23 33629 Zip 24 / Country 25 USA	2a. Mailing Address 26 P.O. BOX 10563 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FLORIDA Zip 29 33679-0563 / Country 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERNANDEZ, KRISTOPHER E 705 W. AZEELE STREET TAMPA FL 33606	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 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	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	ALVAREZ, JOSE A	1.2 NAME	ALVAREZ, MARY
STREET ADDRESS	503 BARNES DRIVE	1.3 STREET ADDRESS	4603 WISHART BLVD.
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	TAMPA, FL 33603
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	ELLIS, THERESA A	2.2 NAME	MARTINEZ, MINERVA
STREET ADDRESS	916 STRATFORD MANOR DRIVE	2.3 STREET ADDRESS	4848 DOUBLE D CIRCLE
CITY-ST-ZIP	BRANDON DL 33510	2.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	FERNANDEZ, KRISTOPHER E	3.2 NAME	PEROTTI JR., ALBERT
STREET ADDRESS	3922 TACON STREET	3.3 STREET ADDRESS	3110 KENYON AVENUE
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	FERLITA, WILLIAM J	4.2 NAME	SHEEHAN, JOHN M.
STREET ADDRESS	3206 HARBOR VIEW AVENUE	4.3 STREET ADDRESS	14136 STONEGATE DR.
CITY-ST-ZIP	TAMPA FL 33611	4.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	CONTAT, AMDRIA	5.2 NAME	SYKES JR., JOHNNIE
STREET ADDRESS	1742 SHADY LEAF DRIVE	5.3 STREET ADDRESS	2734 BUCKHORN OAKS DRIVE
CITY-ST-ZIP	VALRICO FL 33594	5.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	FERLITA, KENNETH C	6.2 NAME	VALDES, NORMA
STREET ADDRESS	2314 CLEWIS COURT, #304	6.3 STREET ADDRESS	3320 CORDELIA STREET
CITY-ST-ZIP	TAMPA FL 33629	6.4 CITY-ST-ZIP	TAMPA, FL 33607

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: Terri Bishop Secretary 3/22/95 813-873-8571
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #