

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 # N93000005059 (1)

1. Corporation Name

KIWANIS CLUB OF YBOR CITY, TAMPA, FLORIDA, INC.



Principal Place of Business

Mailing Address

**3922 W TACON ST
TAMPA FL 33629
US**

**PO BOX 10563
TAMPA FL 33679
US**

3. Date Incorporated or Qualified **11/10/1993** 3a. Date of Last Report **03/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
59-3206398

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

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

23

28

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

24

25

Country

29

Zip

Country

30

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, JOSE A	
STREET ADDRESS	503 BARNES DRIVE	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, THERESA A	
STREET ADDRESS	916 STRATFORD MANOR DRIVE	
CITY - ST - ZIP	BRANDON DL 33510	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, KRISTOPHER E	
STREET ADDRESS	3922 TACON STREET	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERLITA, WILLIAM J	
STREET ADDRESS	3206 HARBOR VIEW AVENUE	
CITY - ST - ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SYKES, JOHNNIE J	
STREET ADDRESS	2734 BUCKHORN OAKS DR	
CITY - ST - ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALDES, NORMA	
STREET ADDRESS	3320 CORDELIA ST	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN M. SHEEHAN	
1.3 STREET ADDRESS	14156 Stonegate Drive	
1.4 CITY - ST - ZIP	Tampa, FL 33624	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JODI ANN PRIETO	
2.3 STREET ADDRESS	3301 LAS BRISAS DRIVE	
2.4 CITY - ST - ZIP	Riverview, FL 33569	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS PICARELLA	
3.3 STREET ADDRESS	3404 Tully Court	
3.4 CITY - ST - ZIP	Tampa, Florida 33618	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES R. Kennedy	
4.3 STREET ADDRESS	7505 - 118th Terrace North	
4.4 CITY - ST - ZIP	Largo, Florida 34643	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kristopher E. Fernandez	
5.3 STREET ADDRESS	3922 TACON STREET	
5.4 CITY - ST - ZIP	Tampa, Florida 33629	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Kristopher E. Fernandez, President, January 19, 1996 (813) 832-6340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)