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FILED  
Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

3922 W TACON ST  
TAMPA FL 33629  
US

PO BOX 10563  
TAMPA FL 33679  
US

3. Date Incorporated or Qualified

**11/10/1993**

4. FEI Number

**59-3206398**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **4603 WISHART BLVD**

26 **4603 WISHART BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **TAMPA FL**

28 **TAMPA FL**

Zip

Zip

Country

Country

24 **33603**

25 **US**

29 **33603**

30 **US**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISHOP, TERRI  
24338 TWIN LAKE DR  
LAND O LAKES FL 34639

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D SHEEHAN, JOHN M**  
STREET ADDRESS **14136 STONEGATE DR**  
CITY-ST-ZIP **TAMPA FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D PRIETO, JODI ANN**  
STREET ADDRESS **3301 LAS BRISAS DR**  
CITY-ST-ZIP **RIVERVIEW FL**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D CHAVEZ, KIMBERLY A**  
STREET ADDRESS **1539 W RIVER LN**  
CITY-ST-ZIP **TAMPA FL**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D CONTAT, ANDRIA**  
STREET ADDRESS **2028 E 7TH AVE**  
CITY-ST-ZIP **TAMPA FL**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **SD ROBERTS, LYLE**  
STREET ADDRESS **4915 W BOOTH RD**  
CITY-ST-ZIP **PLANT CITY FL**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D KENNEDY, JAMES R**  
STREET ADDRESS **7303 118TH TERR N**  
CITY-ST-ZIP **LARGO FL**

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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: **NATURE REQUIRED**

1/15/98

CR2E037 (10/97)