

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90053 009 ****61.25

DOCUMENT # N96000001437

1. Entity Name

**0550 : COMMUNITY INVOLVEMENT AND COMMITMENT
CLUB OF TAMPA, INC.**



Principal Place of Business

**3909 E. CARACAS ST.
TAMPA FL 33610-6627**

Mailing Address

**P.O. BOX 11067
TAMPA FL 33680-1067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3366018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLIDAY, JULIE
3211 DARLINGTON DRIVE
TAMPA FL 33619**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Julie B. Holliday, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D SIRMONS, ALICE D	<input type="checkbox"/> Delete
STREET ADDRESS	110 S. WESTLAND AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D STARLING, WANDA E	<input type="checkbox"/> Delete
STREET ADDRESS	2081/2 MELVILLE AVE S.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D HOLLIDAY, JULIE B	<input type="checkbox"/> Delete
STREET ADDRESS	3211 DARLINGTON DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE NAME	D ECCLES, ANNA L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 302	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE NAME	D ANDERSON, KENNETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	307 BRADFORD AVE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	D HORDGE, PATRICIA L	<input type="checkbox"/> Delete
STREET ADDRESS	2121 ARCH ST	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie B. Holliday

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/04

Date

813-621-4488

Daytime Phone #