

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 16 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737154 (5)
1. Corporation Name
PINELLAS PARK YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business
5250 86TH AVE. N.
PINELLAS PARK FL 34665

Mailing Address
P.O. BOX 32
PINELLAS PARK FL 34664
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
10/26/1976

3a. Date of Last Report
06/23/1994

4. FEI Number
59-1834981

Applied For
Not Applicable

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

BENSON, ROGER
165 19TH AVE. N.E.
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name
Mike Delancey

82 Street Address (P.O. Box Number is Not Acceptable)
6530 87th Ave. N.

83

84 City
Pinellas Park

85 Zip Code
FL 34665

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

Mike Delancey

4/25/95

Signature, typed or printed name of registered agent, and to # applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D President ☒ Change ☐ Addition
NAME	NARDI, STEVE	12 NAME	Mike Delancey
STREET ADDRESS	5250 86TH AVE. N.	13 STREET ADDRESS	6530 87th Ave N
CITY - ST - ZIP	PINELLAS PARK FL 34665	14 CITY - ST - ZIP	Pinellas Park FL 34665
TITLE	VD	21 TITLE	D Vice President ☒ Change ☐ Addition
NAME	TIRPODO, PETE	22 NAME	Jeff Burns
STREET ADDRESS	5621 80TH AVE. N.	23 STREET ADDRESS	13800 61st Way N.
CITY - ST - ZIP	PINELLAS PARK FL 34665	24 CITY - ST - ZIP	Clearwater FL 34620
TITLE	TD	31 TITLE	D 2nd Vice President ☒ Change ☐ Addition
NAME	GERMAN, KANE	32 NAME	Bobby Klinesmith
STREET ADDRESS	6732 87TH WAY N.	33 STREET ADDRESS	4442 176th Ave N
CITY - ST - ZIP	PINELLAS PARK FL 34665	34 CITY - ST - ZIP	Pinellas Park FL 34665
TITLE	SD	41 TITLE	D Secretary ☒ Change ☐ Addition
NAME	HOGGINES, SHERYL	42 NAME	Karen Stevens
STREET ADDRESS	8481 58TH ST.	43 STREET ADDRESS	5831 80th Terr. N.
CITY - ST - ZIP	PINELLAS PARK FL	44 CITY - ST - ZIP	Pinellas Park FL 34665
TITLE	2VD	51 TITLE	D Treasurer ☒ Change ☐ Addition
NAME	BOVRION, JOHN	52 NAME	Sheryl King
STREET ADDRESS	12714 83RD N.E.	53 STREET ADDRESS	6353 80th Ave. N.
CITY - ST - ZIP	SEMINOLE FL 34646	54 CITY - ST - ZIP	Pinellas Park FL 34665
TITLE		61 TITLE	90000151031000
NAME		62 NAME	-06/20/95--01110--017
STREET ADDRESS		63 STREET ADDRESS	*****61.25 *****61.25
CITY - ST - ZIP		64 CITY - ST - ZIP	6-16-95 T.g.

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Delancey

4/25/95 25-9022

Date (Typed Name)