

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 # **752888** (8)

1. Corporation Name
WEST FLORIDA LIGHTNING AQUATICS, INC.



Principal Place of Business: P O BOX 296 LARGO FL 34649
Mailing Address: P O BOX 296 LARGO FL 34649

3. Date Incorporated or Qualified: **06/11/1980**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country
25. Country, Zip

4. FEI Number: **59-6582968**
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GENTRY, ELBERT
3072 KEENE PARK DRIVE
LARGO FL 34641**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PP	<input type="checkbox"/> DELETE
NAME	CARON, LINDA	
STREET ADDRESS	12840 83 AVE. N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROMAN, CRAIG	
STREET ADDRESS	107 HARBOR VIEW	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAYNOVICH, LOIR	
STREET ADDRESS	420 BOCA CIEGA DR	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, SUSAN	
STREET ADDRESS	11488 - 80TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GENTRY, ELBERT	
STREET ADDRESS	3072 KEENE PARK DR	
CITY-ST-ZIP	LARGO FL	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	FIG, PAM	
STREET ADDRESS	3827 LOUIS CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD THOMPSON, RUTH
4.3 STREET ADDRESS	8685 124 WAY N.
4.4 CITY-ST-ZIP	SEMINOLE FL. 34642
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AST BARBARA FRANCIS
6.3 STREET ADDRESS	12256 93 STREET N.
6.4 CITY-ST-ZIP	LARGO FL. 34643

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: **LINDA CARON** *Linda Caron* 4/29/96 813 596 9352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)