


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 09 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 # 752888 (8)**

1. Corporation Name  
**WEST FLORIDA LIGHTNING AQUATICS, INC.**



Principal Place of Business <b>P O BOX 296 LARGO FL 34649</b>	Mailing Address <b>P O BOX 296 LARGO FL 34649</b>
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3. Date Incorporated or Qualified <b>06/11/1980</b>	Applied For Not Applicable
4. FEI Number <b>59-6582968</b>	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CROMAN CRAIG</b>	
STREET ADDRESS	<b>2840 W. BAY DR., #124</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, RUTH</b>	
STREET ADDRESS	<b>8885 124 WAY N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HURST DARLENE</b>	
STREET ADDRESS	<b>11234 111 AVE N.</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOLLON, CYNTHIA</b>	
STREET ADDRESS	<b>10488 SOVEREIGN DR.</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>URBAN, PATRICIA</b>	
STREET ADDRESS	<b>8930 124 WAY N.</b>	
CITY-ST-ZIP	<b>SEMINOLE F</b>	
TITLE	<b>AST</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANCIS, BARBARA</b>	
STREET ADDRESS	<b>12258 93 STREET NORTH</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>THOMPSON, RUTH</b>	
1.3 STREET ADDRESS	<b>8685 124 WAY N</b>	
1.4 CITY-ST-ZIP	<b>SEMINOLE FL. 33772</b>	
2.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GENTRY, ELBERT</b>	
2.3 STREET ADDRESS	<b>3072 KEENE PARK DRIVE</b>	
2.4 CITY-ST-ZIP	<b>LARGO, FL 34641</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LIGHTHISER, MICHELLE</b>	
3.3 STREET ADDRESS	<b>12859 101 WAY N.</b>	
3.4 CITY-ST-ZIP	<b>LARGO, FL 34643</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>CHERVEN, SANDEE</b>	
5.3 STREET ADDRESS	<b>7922 IVYWOOD Rd.</b>	
5.4 CITY-ST-ZIP	<b>LARGO FL 33777</b>	
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 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: \_\_\_\_\_ DATE: **1/29/98** **581-1084**

CR2E037 (10/97)