

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL 31 AM 10:11

DOCUMENT # **N42555**

1. Corporation Name

**Tampa Lake Park BMX Parents Council, INC.**

RECEIVED  
TAMPA, FLORIDA

000001550530

-08/01/95--01058--024

NON-PROFIT \*\*\*\*\*163.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

Tampa Lake Park  
17302 N. Dale Mabry Hwy  
Lutz, FL 33549

c/o Mark Gonzalez  
2604 Martha Lane  
Lando'Lakes, FL 34639

3. Date Incorporated or Qualified **3-14-91** 3a. Date of Last Report **April 1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

4. FEI Number **59-3091692** Applied For  Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24

29

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Clint Greenhalgh  
1908 B 149th Ave.  
Lutz, FL 33549

81 Name **Mark Gonzalez**  
82 Street Address (P O Box Number is Not Acceptable) **2604 Martha Lane**  
83  
84 City **Lando'Lakes** FL 85 Zip Code **34639**

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

*Mark Gonzalez*

(If 9/11 Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D**  
NAME ~~Greenhalgh, Clinton~~  
STREET ADDRESS ~~1908 B 149th Ave.~~  
CITY ST ZIP ~~Lutz, FL 33549~~

11 TITLE **P/D**  Change  Addition  
12 NAME **Mark Gonzalez**  
13 STREET ADDRESS **2604 Martha Lane**  
14 CITY ST ZIP **Lando'Lakes, FL 33549**

TITLE **D**  
NAME ~~Curtis, Robert~~  
STREET ADDRESS ~~18017 Lindawoods St~~  
CITY ST ZIP ~~Odessa, FL 33556~~

21 TITLE **V/P**  Change  Addition  
22 NAME **Ray Portzen**  
23 STREET ADDRESS **1203 Lucas St.**  
24 CITY ST ZIP **Holiday, FL 34691**

TITLE **S**  
NAME ~~Beverly Paschall~~  
STREET ADDRESS ~~1182 Dogwood Ave.~~  
CITY ST ZIP ~~Tampa, FL 33613~~

31 TITLE **S**  Change  Addition  
32 NAME **Stefanie Wisselman**  
33 STREET ADDRESS **6505 Appaloosa DR.**  
34 CITY ST ZIP **Tampa, FL 33625**

TITLE **D**  
NAME ~~Gomerford, Cindy~~  
STREET ADDRESS ~~1908 B 149th Ave.~~  
CITY ST ZIP ~~Lutz, FL 33549~~

41 TITLE **D**  Change  Addition  
42 NAME **Mike Paschall**  
43 STREET ADDRESS **1132 Dogwood Ave.**  
44 CITY ST ZIP **Tampa, FL 33613**

TITLE **TR**  
NAME ~~Ward, Carol~~  
STREET ADDRESS ~~4717 Green Grass Place~~  
CITY ST ZIP ~~Tampa, FL 33610~~

51 TITLE **D**  Change  Addition  
52 NAME **Cathy McGowen**  
53 STREET ADDRESS **2639 Knoll St. E**  
54 CITY ST ZIP **Palm Harbor, FL 34683**

TITLE **T**  
NAME ~~Curtis, Gwendolyn~~  
STREET ADDRESS ~~18017 Lindawoods St.~~  
CITY ST ZIP ~~Odessa, FL 33556~~

61 TITLE **SAME**  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

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)(a), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mark Gonzalez*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR)

7-2-95 813-996-4817

(DATE) (Telephone Number)