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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N42555 (5)
1. Corporation Name
TAMPA LAKE PARK BMX PARENTS COUNCIL, INC.



Principal Place of Business: LAKE PARK BMX, 17302 N. DALE MABRY HWY, LUTZ FL 33549, US
Mailing Address: % MARK GONZALEZ, 2604 MARTHA LANE, LAND O LAKES FL 34639-5253

3. Date Incorporated or Qualified: 03/14/1991
3a. Date of Last Report: 09/06/1996
4. FEI Number: 59-3091692
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

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
30

9. Name and Address of Current Registered Agent
GONZALEZ, MARK
2604 MARTHA LANE
LAND O LAKES FL 33639

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

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	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARK	
STREET ADDRESS	2604 MARTHA LANE	
CITY - ST - ZIP	LAND O LAKES FL 33549	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAMICSON, TERRY	
STREET ADDRESS	5411 68TH LANE N., APT D	
CITY - ST - ZIP	ST PETERSBURG FL 33709	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WISSELMAN, STEFANIE	
STREET ADDRESS	6505 APPALOOOSA DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASCHALL, MIKE	
STREET ADDRESS	1132 DOGWOOD AVE.	
CITY - ST - ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IRRIZARRY, GLEN	
STREET ADDRESS	17302 N. DALE MABRY HWY	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CURTIS, GWENDOLYN	
STREET ADDRESS	18017 LINDAWOODS STR	
CITY - ST - ZIP	ODESSA 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 checked="" type="checkbox"/> Addition
3.2 NAME	Michael G. Rogers
3.3 STREET ADDRESS	3815 Northgreen Ave. # 3405
3.4 CITY - ST - ZIP	Tampa, FL 33624
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do 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: Gwendolyn A. Curtis Date: 3-3-97
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone # 813-876-9083

CR2E037 (9/96)