

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001460 (4)**

1. Corporation Name

PASCO SUNCOAST SWIM TEAM, INC.

Principal Place of Business

Mailing Address

24039 TURTLE ROCK COURT
LUTZ FL 33549

24039 TURTLE ROCK COURT
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1994	3a. Date of Last Report N/A
4. FEI Number 59-3233004	Applied For Not Applicable

2. Principal Place of Business 21 Veterans Memorial Park Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 7330 Suite, Apt. #, etc. 27
City & State 23 HUDSON, FLORIDA	City & State 28 HUDSON, FLORIDA
Zip 24 34669	Country 25 USA
Zip 29 34674	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.039, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ELLROD, MATTHEW D
5645 NEBRASKA AVENUE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 agent 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 _____ (Signature, typed or printed name of registered agent or director) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAMPTON, KEITH
STREET ADDRESS	71 PINE STREET
CITY - ST - ZIP	HOMOSSASA FL 34446
TITLE	VO
NAME	WARD, R C
STREET ADDRESS	4211 HILLSDALE DRIVE
CITY - ST - ZIP	NEW PORT RICHEY FL 33549
TITLE	SD
NAME	COBB, NANCY
STREET ADDRESS	1118 DOCKSIDE DRIVE
CITY - ST - ZIP	LUTZ FL 33549
TITLE	SO
NAME	REACH, NANCY
STREET ADDRESS	24039 TURTLE ROCK COURT
CITY - ST - ZIP	LUTZ FL 33549
TITLE	TD
NAME	RUMBLE, BENNIE
STREET ADDRESS	18350 TIGER TRAIL
CITY - ST - ZIP	SPRING HILL FL 34610
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD
23 STREET ADDRESS	Ward, R C
24 CITY - ST - ZIP	17815 D. Jamestown Way
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Recording Secretary
33 STREET ADDRESS	Panayessa Rhonda
34 CITY - ST - ZIP	7609 Snapping Turtle Court
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Treasurer
53 STREET ADDRESS	Kettlety, Sheree
54 CITY - ST - ZIP	5206 Lakes Court
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	New Port Richey, FL 34655
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 119.07(3)(b), 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 61, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith E. Hampton Keith E. Hampton (President) 4/23/95 (904) 795-0504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)