

**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 # N94000001460 (4)**  
1. Corporation Name  
**PASCO SUNCOAST SWIM TEAM, INC.**



Principal Place of Business: **VETERANS MEMORIAL PARK HUDSON FL 34669 US**  
Mailing Address: **P.O. BOX 7330 HUDSON FL 34674 US**

3. Date Incorporated or Qualified: **03/21/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3233004**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
City & State: 27  
City & State: 28  
Zip: 29  
Country: 30

**9. Name and Address of Current Registered Agent**

**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

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

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**

Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAMPTON, KEITH	
STREET ADDRESS	71 PINE STREET	
CITY-ST-ZIP	HOMOSSASA FL 34446	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARD, R C	
STREET ADDRESS	17815 D JAMESTOWN WAY	
CITY-ST-ZIP	LUTZ FL	
TITLE	RS	<input checked="" type="checkbox"/> DELETE
NAME	PANONESSA, RHONDA	
STREET ADDRESS	7809 SNAPPING TURTLE COURT	
CITY-ST-ZIP	HUDSON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REACH, NANCY	
STREET ADDRESS	24039 TURTLE ROCK COURT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KETTLETY, SHEREE	
STREET ADDRESS	5206 LAGOS COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92**

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	VICE PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WARD, R.C.
2.3 STREET ADDRESS	5349 PASADENA DR.
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
3.1 TITLE	SECRETARY - DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMITH, SANDIE
3.3 STREET ADDRESS	12105 Windriver Lane #5
3.4 CITY-ST-ZIP	HUDSON, FL 34667
4.1 TITLE	SECRETARY - DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BIALKASKI, CAROL ANN
4.3 STREET ADDRESS	7019 South Wind Drive
4.4 CITY-ST-ZIP	HUDSON, FL 34667
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 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:** *Keith E. Hampton* **KEITH E. HAMPTON** 4/29/96 (352) 563-4880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)