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May 16 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 # 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 34674-7330 US

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 59-3233004
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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 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 re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NAME: HAMPTON, KEITH STREET ADDRESS: 71 PINE STREET CITY-ST-ZIP: HOMOSSASA FL 34448	1.1 TITLE	PRESIDENT PD & TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD NAME: WARD, R C STREET ADDRESS: 5349 PASADENA DR CITY-ST-ZIP: NEW PORT RICHEY FL	1.2 NAME	KARPAJ BARBARA
TITLE	SD NAME: SMITH, SANDIE STREET ADDRESS: 12105 WINDRIVER LANE, #5 CITY-ST-ZIP: HUDSON FL	1.3 STREET ADDRESS	3601 LAKE PADGETT DRIVE
TITLE	SD NAME: BIALKASKI, CAROL ANN STREET ADDRESS: 7019 SOUTH WIND DRIVE CITY-ST-ZIP: HUDSON FL	1.4 CITY-ST-ZIP	LAND OLAKES, FL 34639
TITLE	T NAME: KETTLETY, SHEREE STREET ADDRESS: 5208 LAGOS COURT CITY-ST-ZIP: NEW PORT RICHEY FL	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	FINNERAN, DAWN
TITLE		2.3 STREET ADDRESS	15836 Lyle Circle
TITLE		2.4 CITY-ST-ZIP	Hudson, FL 34667
TITLE		3.1 TITLE	SEE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	BIALKOSKI, CAROL ANNE
TITLE		3.3 STREET ADDRESS	7019 South Wind Drive
TITLE		3.4 CITY-ST-ZIP	Hudson, FL 34667
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	Delete
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	Delete
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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: Sandra B. Mortham 4/29/97 813(996.4681)

CR2E037 (9/96)