

FILE NOW: FILING FEE IS \$61.25

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000002890 (0)
 1. Corporation Name
THE TALLHASSEE TIGER SHARK FAN CLUB, INCORPORATED



| | |
|---|---|
| Principal Place of Business P.O. BOX 3912 TALLHASSEE FL 32315 | Mailing Address P.O. BOX 3612 TALLHASSEE FL 32315 |
|---|---|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 06/19/1995 | | |
| 4. FEI Number 59-3337537 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |

| | |
|--|---|
| 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 |
|--|---|

| |
|--|
| 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**SWEET, CAROL
 505 WEST PENSACOLA #1
 TALLHASSEE TIGER SHARK FAN CLUB
 TALLHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81. Name **VICTOR COLLARS**
 82. Street Address (P.O. Box Number is Not Acceptable) **4612 INISHLER DRIVE**
 83. **TALLHASSEE TIGER SHARK FAN CLUB**
 84. City **TALLHASSEE** FL 85. Zip Code **32308**

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]* **VICTOR T. COLLARS** **TREASURER** **7/31/98**
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 DV | <input checked="" type="checkbox"/> DELETE |
| NAME FRASER, JOHN A | |
| STREET ADDRESS 3543 RIDGEMONT RIDGE | |
| CITY-ST-ZIP TALLHASSEE FL | |
| TITLE DP | <input checked="" type="checkbox"/> DELETE |
| NAME SPROUL, KIM | |
| STREET ADDRESS 2329 BRUN MAHR LANE | |
| CITY-ST-ZIP TALLHASSEE FL | |
| TITLE DS | <input checked="" type="checkbox"/> DELETE |
| NAME HATMAKER, SONJA | |
| STREET ADDRESS 37 SUMMER LANE | |
| CITY-ST-ZIP CRAWFORDVILLE FL | |
| TITLE DT | <input checked="" type="checkbox"/> DELETE |
| NAME SWEET, CAROL | |
| STREET ADDRESS 6715 ALANA DALE TRAIL | |
| CITY-ST-ZIP TALLHASSEE FL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME SAWYER, BETSY | |
| STREET ADDRESS 2903 SHAMROCK SOUTH | |
| CITY-ST-ZIP TALLHASSEE FL | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME WAAS, GEORGE L | |
| STREET ADDRESS 3797 SALLY LANE | |
| CITY-ST-ZIP TALLHASSEE FL 32312 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME ARD, AMY | |
| 1.3 STREET ADDRESS 9572 MAHAN DR. | |
| 1.4 CITY-ST-ZIP TALLHASSEE, FL 32308 | |
| 2.1 TITLE DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME HARRIS, CAROL | |
| 2.3 STREET ADDRESS 1341 TONG HILL DRIVE | |
| 2.4 CITY-ST-ZIP TALLHASSEE, FL 32311 | |
| 3.1 TITLE DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME WALKER, PAT | |
| 3.3 STREET ADDRESS 2362 HARTSFIELD WAY | |
| 3.4 CITY-ST-ZIP TALLHASSEE, FL 32303 | |
| 4.1 TITLE DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME COLLARS, VICTOR | |
| 4.3 STREET ADDRESS 4612 INISHLER DR. | |
| 4.4 CITY-ST-ZIP TALLHASSEE, FL 32308 | |
| 5.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME ENFINGER, JONCE | |
| 5.3 STREET ADDRESS 340 ST. ANGELO RD. | |
| 5.4 CITY-ST-ZIP TALLHASSEE, FL 32308 | |
| 6.1 TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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: *[Signature]* **VICTOR T. COLLARS** **7/31/98** **850-487-1806**

CR2E037 (10/97)