FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719888** **(0)**

1. Corporation Name

SEMINOLE JUNIOR WARHAWKS ATHLETIC ASSOCIATION, I NCORPORATED

Principal Place of Business	Mailing Address
11500-125TH ST. N. LARGO FL 34642 US	P. O. BOX 7332 SEMINOLE FL 34642 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1970
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-0188572 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

SINN, GEORGE C JR
11225 VONN ROAD
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name: Jerry M. Reed
82 Street Address (P.O. Box Number is Not Acceptable): 13964 106 Ave N
83:
84 City: Largo FL 85 Zip Code: 34644

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 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 607.0505, Florida Statutes.

SIGNATURE: J M Reed — 4/2/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President PD	☑ Change ☐ Addition
NAME	SINN, GEORGE C JR	1.2 NAME	Jerry M. Reed	
STREET ADDRESS	11225 VONN ROAD	1.3 STREET ADDRESS	13964 106 Ave N	
CITY-ST-ZIP	LARGO FL 34644	1.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	VPD	2.1 TITLE	Vice President VPD	☑ Change ☐ Addition
NAME	MCGEE, PHIL	2.2 NAME	Ed Wahlbeck	
STREET ADDRESS	13042 123RD AVE. N.	2.3 STREET ADDRESS	1726 Southview	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	Largo, FL 34640	
TITLE	SD	3.1 TITLE	Secretary SD	☑ Change ☐ Addition
NAME	YORI, RITA	3.2 NAME	Lori Gibson	
STREET ADDRESS	12913-123RD AVE. N.	3.3 STREET ADDRESS	12400 Chickasaw Tr.	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	TD	4.1 TITLE	Treasurer TD	☑ Change ☐ Addition
NAME	THOMAS, JACK R	4.2 NAME	Debbie J. Hice	
STREET ADDRESS	12701 102ND STREET NORTH	4.3 STREET ADDRESS	14302 87 Ave N.	
CITY-ST-ZIP	LARGO FL 34643	4.4 CITY-ST-ZIP	Seminole, FL 34646	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: J M Reed — 4/2/95 — 813 573 3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067197