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**May 17, 1999 8:00 am**
**Secretary of State**
05-17-1999 90100 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723115

1. Corporation Name
LAKEWOOD JR. SPARTANS YOUTH ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2001 COUNTRY CLUB WAY S.<br>ST. PETERSBURG FL 33712 | P.O. BOX 530083<br>ST. PETERSBURG FL 33747 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>04/11/1972 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1844501 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

9. Name and Address of Current Registered Agent

POLLOCK, DERRICK
6194 LYNN LAKE DRIVE S.
#A
ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name: GREGORY L. SEAY
82 Street Address (P.O. Box Number is Not Acceptable): 6701 22ND AVENUE SOUTH
83
84 City: ST. PETERSBURG **FL** 85 Zip Code: 33707

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: Gregory Seay + Gregory Seay - President DATE: 5-1-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | PRESIDENT D | ☐ Change ☒ Addition |
| NAME | POLLOCK, DERRICK | | 1.2 NAME | GREGORY L. SEAY | |
| STREET ADDRESS | 6194-A LYNN LAKE DRIVE S. | | 1.3 STREET ADDRESS | 6701 22ND AVENUE SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | | 1.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33707 | |
| TITLE | SD | ☒ DELETE | 2.1 TITLE | SECRETARY D | ☐ Change ☒ Addition |
| NAME | OLIVER, SHERRY | | 2.2 NAME | TONJUA WILLIAMS | |
| STREET ADDRESS | 714-61 AVENUE S. | | 2.3 STREET ADDRESS | 1701 63RD TERRACE SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33705 | | 2.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33712 | |
| TITLE | TD | ☒ DELETE | 3.1 TITLE | V.P. OF FINANCE D | ☐ Change ☒ Addition |
| NAME | HYATT, MARIAREE | | 3.2 NAME | TERRY EDWARDS | |
| STREET ADDRESS | 955 AKAZAR WAY S. | | 3.3 STREET ADDRESS | 2530 GOMEZ WAY SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33705 | | 3.4 CITY-ST-ZIP | ST. PETERSBURG FL, 33712 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | TREASURER D | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | G. FAYE MC ELROY | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 940 ALCAZAR WAY SOUTH | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | ST. PETERSBURG FL 33705 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** Gregory Seay SIGNATURE REQUIRED (Gregory Seay) 5-1-99 727-866-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #