

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 AM 12:23

DOCUMENT # 724773 (7)

1. Corporation Name

ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 518
ENGLEWOOD FL 34295-0518

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ENGLEWOOD FL 34295-0518

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1972

3a. Date of Last Report

08/23/1994

4. FBI Number

59-2500612

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELSEL, BARBIE
10405 DEERWOOD AVE.
ENGLEWOOD FL 34224

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	P
NAME	JOHNSON, KATHLEEN
STREET ADDRESS	7206 SNOW DR
CITY - ST - ZIP	ENGLEWOOD FL 34224
TITLE	V
NAME	HELSEL, BARBIE
STREET ADDRESS	10405 DEERWOOD AVE.
CITY - ST - ZIP	ENGLEWOOD FL 34224
TITLE	A/D
NAME	JOHNSON, HENRY
STREET ADDRESS	7206 SNOW DR.
CITY - ST - ZIP	ENGLEWOOD FL 34224
TITLE	T
NAME	DAVIS, VALERIE
STREET ADDRESS	5416 MURPHY ST.
CITY - ST - ZIP	PORT CHARLOTTE FL 33981
TITLE	CS/D
NAME	SCHUN, KURT
STREET ADDRESS	142 CADDY ROAD
CITY - ST - ZIP	ROTONDA FL 33947
TITLE	CD
NAME	SPARKS, STACIE
STREET ADDRESS	6182 MARCUM
CITY - ST - ZIP	ENGLEWOOD FL 34224

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	Athletic Director
33 STREET ADDRESS	Richard Burke
34 CITY - ST - ZIP	1455 Morrison Dr Englewood FL 34223
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	Secretary
53 STREET ADDRESS	Pete Root
54 CITY - ST - ZIP	1781 Bridge St Englewood FL 34223
61 TITLE	☐ Change ☐ Addition
62 NAME	Cheer Director
63 STREET ADDRESS	Karen Koster
64 CITY - ST - ZIP	1175 Bayshore Dr Englewood FL 34223

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 110.07(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:

Barbie Helsel (Barbie Helsel)

4-21-95

813-697-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number