

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **724773** (7)
1. Corporation Name
ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 518 P.O. BOX 518
ENGLEWOOD FL 34295-0518 ENGLEWOOD FL 34295-0518

3. Date Incorporated or Qualified **11/13/1972** 3a. Date of Last Report **04/12/1995**
4. FEI 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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
30

9. Name and Address of Current Registered Agent

HELSEL, BARBIE
10405 DEERWOOD AVE.
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name **Barbie Helsel**
82 Street Address (P.O. Box Number is Not Acceptable)
10405 Deerwood Ave
83
84 City **Englewood** **34224**
800001735648
03/07/96--01063-0117
*****61.25**

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

Barbie Helsel

(NOTE: Registered Agent signature required when reinstating)

3-2-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	JOHNSON, KATHLEEN	7206 SNOW DR	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>
V	HELSEL, BARBIE	10405 DEERWOOD AVE.	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>
A/D	BURKE, RICHARD	455 MORRISON CIR	ENGLEWOOD FL	<input type="checkbox"/>
T	DAVIS, VALERIE	5416 MURPHY ST.	PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/>
S	ROOT, PETE	1781 BRIDGE ST	ENGLEWOOD FL	<input type="checkbox"/>
CD	KOSTER, KAREN	1175 BAYSHORE DR	ENGLEWOOD FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Barbie Helsel	10405 Deerwood Ave	Englewood FL 34224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Richard Wells	12117 Richards Ave	Port Charlotte FL 33981	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Athletic Director	Richard Burke	455 Morrison Circle	Englewood FL 34223	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	Terrence Frech	2165 Lemon Ave	Englewood FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Pete Root	1781 Bridge St	Englewood FL 34223	<input type="checkbox"/>	<input type="checkbox"/>
Cheer Director	Karen Koster	9379 Steubenville Av	Englewood FL 34224	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-96

Date

Daytime Phone #

941-474-0046

CR2E037 (12/95)