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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 ENGLEWOOD FL 34295-0518	P.O. BOX 518 ENGLEWOOD FL 34295-0518

3. Date Incorporated or Qualified: **11/13/1972**
3a. Date of Last Report: **03/07/1996**

2. Principal Place of Business
21 —
22 Suite, Apt. #, etc. SAME
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 —
27 Suite, Apt. #, etc. SAME
28 City & State
29 Zip
30 Country

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

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): 5385 Powers Lane
83 —
84 City: Port Charlotte **FL** 85 Zip Code: 33981

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 BARBIE HELSEL 4-15-97
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HELSEL, BARBIE 10405 DEERWOOD AVE ENGLEWOOD FL 34224	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Barbie Helsel 5385 Powers Lane Pt. Charlotte FL 33981	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WELLS, RICHARD 12117 RICHARD AVE PORT CHARLOTTE FL 33981	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A/D BURKE, RICHARD 455 MORRISON CIR ENGLEWOOD FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	~~Athletic Director~~ Braxton Bowen P.O. Box 71 Boca Grande Fl 33921 N/A	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRECH, TERRENCE 2165 LEMON AVE ENGLEWOOD FL 34223	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROOT, KATE 1761 BRIDGE ST ENGLEWOOD FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Secretary Lauri Ray 1880 Faust Dr Englewood Fl 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KOSTER, KAREN 9379 STEUBENVILLE AV ENGLEWOOD FL 34224	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Same	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: Barbie Helsel SIGNATURE REQUIRED 4-15-97 941-697-2394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #