

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724773** (7)  
1. Corporation Name  
**ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 518 ENGLEWOOD FL 34295-0518</b>	Mailing Address <b>P.O. BOX 518 ENGLEWOOD FL 34295-0518</b>
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3. Date Incorporated or Qualified <b>11/13/1972</b>	
4. FEI Number <b>59-2500612</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HELSEL, BARBIE 5385 POWERS LANE PORT CHARLOTTE FL 33981</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Robin Briggs</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>197 Boundary Blvd.</b>
83 City <b>Rotonda</b>	84 State <b>FL</b>
85 Zip Code <b>33947</b>	

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 *Robin Briggs* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>HELSEL, BARBIE</b>
STREET ADDRESS	<b>5385 POWERS LANE</b>
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELLS, RICHARD</b>
STREET ADDRESS	<b>12117 RICHARD AVE</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>BOWEN, BRAXTON</b>
STREET ADDRESS	<b>P O BOX 71 N/A</b>
CITY-ST-ZIP	<b>BOCA GRANDE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRECH, TERRENCE</b>
STREET ADDRESS	<b>2185 LEMON AVE</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>RAY, LAURI</b>
STREET ADDRESS	<b>1880 FAUST DR</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>KOSTER, KAREN</b>
STREET ADDRESS	<b>9379 STEUBENVILLE AV</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President</b>
1.3 STREET ADDRESS	<b>Robin Briggs</b>
1.4 CITY-ST-ZIP	<b>197 Boundary Blvd.</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vice President</b>
2.3 STREET ADDRESS	<b>Lauri Ray</b>
2.4 CITY-ST-ZIP	<b>1880 Faust</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KEEP</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Treasurer</b>
4.3 STREET ADDRESS	<b>Rich Rita</b>
4.4 CITY-ST-ZIP	<b>10061 Seabrook Ave.</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Vicki Bonnet</b>
5.3 STREET ADDRESS	<b>Secretary</b>
5.4 CITY-ST-ZIP	<b>11178 Rockwell Ave.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>KEEP</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Robin Briggs* 4/24/98 941-488-0667

CR2E037 (10/97)