

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726237** (1)
1. Corporation Name
THE CONCOURSE COUNCIL, INC.



Principal Place of Business 15325 ALRIC POTTBERT SPRINGHILL FL 34810 US	Mailing Address P.O. BOX 1829 ELFERS FL 34680-1829 US
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3. Date Incorporated or Qualified 04/26/1973	3a. Date of Last Report 03/21/1996
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2. Principal Place of Business 21 Pottberg	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 23-7313687	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**JONES, JANICE
9400 LAKE DR.
NEW PORT RICHEY FL 34854**

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JANICE	1.2 NAME	
STREET ADDRESS	9400 LAKE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34854	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	3rd VP /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, LARRY	2.2 NAME	
STREET ADDRESS	6800 OLD DECUBELLIS	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34855	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAABE, JOHN	3.2 NAME	
STREET ADDRESS	10700 FILLY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34687	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION	4.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTVIN, BONNIE	4.2 NAME	Tanya Fife
STREET ADDRESS	7320 D CARLTON ARMS DR.	4.3 STREET ADDRESS	3041 57th N. Ave.
CITY-ST-ZIP	NEW PORT RICHEY FL 34853	4.4 CITY-ST-ZIP	St. Petersburg, FL 33714
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	2nd VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALCORN, ED	5.2 NAME	Cecil Birkett
STREET ADDRESS	14945 HARMON	5.3 STREET ADDRESS	21610 Brett Lane
CITY-ST-ZIP	SPRINGHILL FL	5.4 CITY-ST-ZIP	Land O Lakes, FL 34639
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Janice Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97
Date

Daytime Phone # 0068545

CR2E037 (9/96)