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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **726237** **(1)**

1. Corporation Name
THE CONCOURSE COUNCIL, INC.

Principal Place of Business	Mailing Address
15325 ALRIC POTTBERG SPRINGHILL FL 34610 US	P.O. BOX 1629 ELFERS FL 34680 US

3. Date Incorporated or Qualified: 04/26/1973

4. FEI Number: 23-7313687 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 34654	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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: Janice Jones 4/7/98
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JANICE		1.2 NAME		
STREET ADDRESS	9400 LAKE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DODD, LARRY		2.2 NAME		
STREET ADDRESS	6800 OLD DECUBELLIS		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RAABE, JOHN		3.2 NAME		
STREET ADDRESS	10700 FILLY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		3.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FIFE, TANYA		4.2 NAME		
STREET ADDRESS	3041 57TH N. AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARKETT, CEIL		5.2 NAME		
STREET ADDRESS	21610 BRETT LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Janice Jones JANICE JONES 4/7/98 813-929-0071 or 813-856-3513