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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726237 Vok

1. Corporation Name
THE CONCOURSE COUNCIL, INC.

Principal Place of Business	Mailing Address
15325 ALRIC POTTBERG SPRINGHILL FL 34610 US	P.O. BOX 1829 ELFERS FL 34680 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 15325 ALRIC POTTBERG	04/26/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7313687 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 SPRING HILL, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 34610 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JONES, JANICE
9400 LAKE DR.
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name ED POULIN
82 Street Address (P.O. Box Number is Not Acceptable) 15325 ALRIC POTTBERG Rd
83
84 City SPRING HILL FL 85 Zip Code 34610

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 Edmund R Poulin, PRESIDENT - EDMUND R. POULIN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature r

12. OFFICERS AND DIRECTORS			13.
TITLE	PD	☑ DELETE	1.1 TITLE
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
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
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
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		☐ DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRE
CITY-ST-ZIP			6.4 CITY-ST-ZIP

PRESIDENT (1 change)
Ed Poulin
10410 Tami Trail
Hudson, FL 34667 D

1st Vice President
John Raabe
10700 Filly Lane
Hudson, FL 34667 D

2nd Vice President
Vinny Buscetta
7541 High Pines
Port Richey, FL 34655 D

Secretary
Bonnie Potvin
10010 Willow Drive
Port Richey, FL 34668 D

Treasurer
Ceil Binkett
21610 Brett Lane
Land O' Lakes, FL 34639 D

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption sta 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, with all other like empowered.

SIGNATURE: Edmund R Poulin (PRESIDENT) 4-13-99 727-514-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDMUND R. POULIN