FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **764331** **(5)**

1. Corporation Name

HOLY CROSS COLLEGE CLUB OF FLORIDA-SUNCOAST, INC

Principal Place of Business	Mailing Address
6190 51 ST S ST PETERSBURG FL 33715	6190 51 ST S ST PETERSBURG FL 33715

3. Date Incorporated or Qualified: **07/28/1982**
3a. Date of Last Report: **02/13/1995**

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

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

4. FEI Number: **59-2344913** ☐ 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

MORAN, TIM
316 HYDE PARK AVE S
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 _____ (Signature, type 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	DT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LEDING JR, MICHAEL J		12 NAME		
STREET ADDRESS	4705 W SAN MIGUEL		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HOLFELDER, LAWRENCE A		22 NAME		
STREET ADDRESS	11730 LIPSEY ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SCHURR, ROGER D		32 NAME		
STREET ADDRESS	12013 NICKLAUS CIRCLE		33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LEFEBVRE, WILFRID H		42 NAME		
STREET ADDRESS	7200 ULMERTON RD #1379		43 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 34641		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SHANNON, ROBERT F		52 NAME		
STREET ADDRESS	10127 WHITE TROUT LANE		53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		54 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	MEYERS, JOHN J.		62 NAME		
STREET ADDRESS	6190 51ST STREET, SOUTH		63 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John Meyers 2/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Meyers

CR2E037 (12/95)