FILE NOW: FILING FEE IS $61.25

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90064 019 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **764331**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/28/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2344913 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEDING JR, MICHAEL J		1.2 NAME		
STREET ADDRESS	4705 W SAN MIGUEL		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLFELDER, LAWRENCE A		2.2 NAME		
STREET ADDRESS	11730 LIPSEY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHURR, ROGER D		3.2 NAME		
STREET ADDRESS	12013 NICKLAUS CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEFEBVRE, WILFRID H		4.2 NAME		
STREET ADDRESS	7200 ULMERTON RD #1379		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 34641		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHANNON, ROBERT F		5.2 NAME		
STREET ADDRESS	10127 WHITE TROUT LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		5.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MEYERS, JOHN J.		6.2 NAME		
STREET ADDRESS	6190 51ST STREET, SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/23/99 941 365 1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)