1-23-95 P-340 YC XC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 /G

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:07

DOCUMENT # 764772 (0)

1. Corporation Name

CORAL SPRINGS TACKLE FOOTBALL CLUB, INC.

Principal Place of Business	Mailing Address
1666 NORTHWEST 111 WAY P.O. BOX 8274 (ZIP-33065) CORAL SPRINGS FL 33071	1666 NORTHWEST 111 WAY CORAL SPRINGS FL 33071 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1982
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2252761 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 1666 N.W. 111 WAY
22: Suite, Apt. #, etc.
23: City & State: CORAL SPRINGS FL
24: Zip: 33071
25: Country: BROWARD

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

9. Name and Address of Current Registered Agent

GRUSHKA, DONN
1666 NW 111 WAY
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Donn Grushka DONN GRUSHKA 1/13/94
(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	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GRAFFEO, SAMMY	1.2 NAME	DONN GRUSHKA	
STREET ADDRESS	5000 NW 64TH DR.	1.3 STREET ADDRESS	1666 N.W. 111 WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GRAFFEO, BARBARA	2.2 NAME	HESTON FRANK	
STREET ADDRESS	5000 W 64TH DR.	2.3 STREET ADDRESS	9900 W. SAMPLE Rd	
CITY-ST-ZIP	CORAL SPGS FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	GRUSHKA, DONN	3.2 NAME		
STREET ADDRESS	1666 NW 111 WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	SD	
TITLE	SD	4.1 TITLE	MORALE RONI	☒ Change ☐ Addition
NAME	NASH, BARBARA	4.2 NAME		
STREET ADDRESS	1086 NW 110TH LANE	4.3 STREET ADDRESS	3745 NW 98TH AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	RD	5.1 TITLE	RD	☒ Change ☐ Addition
NAME	GRUSHKA, DONN	5.2 NAME	BEMESDERFER, SHARON	
STREET ADDRESS	1666 NW 111 WAY	5.3 STREET ADDRESS	8340 NW 38TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		6.1 TITLE	VPD	☐ Change ☒ Addition
NAME		6.2 NAME	ARCHON ALEXIS	
STREET ADDRESS		6.3 STREET ADDRESS	11040 N.W. 45TH ST	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	

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)(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: Donn Grushka DONN GRUSHKA 1/13/95 305-883-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040484