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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764772** (0)

1. Corporation Name

CORAL SPRINGS TACKLE FOOTBALL CLUB, INC.

Principal Place of Business

Mailing Address

**1886 NORTHWEST 111 WAY
CORAL SPRINGS FL 33071
US**

**1886 NORTHWEST 111 WAY
CORAL SPRINGS FL 33071
US**



3. Date Incorporated or Qualified

08/31/1982

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. 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRUSHKA, DONN
1886 NW 111 WAY
CORAL SPRINGS FL 33071**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME COTTINGHAM, MICHAEL
STREET ADDRESS 11233 W ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VPD
NAME HESTON, FRANK
STREET ADDRESS 9900 W SAMPLE RD
CITY-ST-ZIP CORAL SPGS FL

TITLE TD
NAME MORROW, CHERYL
STREET ADDRESS 453 NW 101 AVE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE S
NAME GRAFFEO, BABS
STREET ADDRESS 5000 N.W. 84TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE R
NAME COTTINGHAM, TAMMY
STREET ADDRESS 11233 W. ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VP/D
NAME ARCHON, ALEXIS
STREET ADDRESS 447 NW 87TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE PD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33071

2.1 TITLE VPD
2.2 NAME MARYNOWITZ ED
2.3 STREET ADDRESS 4630 NW 58 AVENUE
2.4 CITY-ST-ZIP CORAL SPRINGS FL 33067

3.1 TITLE TD
3.2 NAME GRUSHKA DONN
3.3 STREET ADDRESS 1886 NW 111 WAY
3.4 CITY-ST-ZIP CORAL SPRINGS FL 33071

4.1 TITLE SD
4.2 NAME COTTINGHAM TAMMY
4.3 STREET ADDRESS 11233 W. ATLANTIC BLVD.
4.4 CITY-ST-ZIP CORAL SPRINGS FL 33071

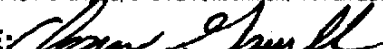
5.1 TITLE RD
5.2 NAME RIDNER BARBARA
5.3 STREET ADDRESS 10671 NW 41 ST.
5.4 CITY-ST-ZIP CORAL SPRINGS FL 33065

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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



D. GRUSHKA - TREASURER

3/15/98

305-883-4130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)