


FILE NOW: FILING FEE IS \$61.25

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Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90005 001 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N04433*

1. Corporation Name

Pelican Rugby Club, Inc
 Principal Place of Business
ST. Petersburg
Florida
 Mailing Address
502 South Fremont
Ave #1401
Tampa, FL
33606

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <i>ST. Petersburg, FL</i>	26 <i>502 South Fremont Ave</i>	<i>1984</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 <i>1401</i>	27 <i>#1401</i>	<i>592-2972158</i>
City & State	City & State	5. Certificate of Status Desired
23 <i>Tampa, FL</i>	28 <i>Tampa, FL</i>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24 <i>33606</i>	29 <i>33606</i>	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution
25 <i>USA</i>	30	

9. Name and Address of Current Registered Agent

Kelly Kirkpatrick
4012 Obispo Street
Tampa, FL 33629-6795

10. Name and Address of New Registered Agent

81 Name *Kelly Kirkpatrick*
 82 Street Address (P.O. Box Number is Not Acceptable)
4012 Obispo Street
 83
 84 City *Tampa* FL 85 Zip Code *33629*

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

Kelly Kirkpatrick *9/21/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>Kelly Kirkpatrick</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>President</i>	1.2 NAME	
STREET ADDRESS	<i>4012 Obispo Street</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Tampa, FL 33629</i>	1.4 CITY-ST-ZIP	
TITLE	<i>Vice-President</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dan Changer</i>	2.2 NAME	
STREET ADDRESS	<i>4118 W. Sevilla St</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Tampa, FL 33629</i>	2.4 CITY-ST-ZIP	
TITLE	<i>Treasurer</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Davien Estene</i>	3.2 NAME	
STREET ADDRESS	<i>502 S. Fremont Ave #1401</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Tampa, FL 33606</i>	3.4 CITY-ST-ZIP	
TITLE	<i>Vice Treasurer</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ruben Calles</i>	4.2 NAME	
STREET ADDRESS	<i>13308 Lake George Lane</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Tampa, FL 33618</i>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] *9/21/99*

CR25037 (11/98)