# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18025 (9)

1. Corporation Name

TRINITY AQUATIC'S TEAM BOOSTER CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2525 CADY WAY<br>WINTER PARK FL 32792<br>US | 2525 CADY WAY<br>WINTER PARK FL 32792<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1986
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2788448 ☐ 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. 109.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

PEAK, JOHN W
8042 DUNSTABLE CIR
ORLANDO FL 32817

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 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 _____ 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 | D | 1.1 TITLE | T D | ☒ Change ☐ Addition |
| NAME | ACACIA, EDDIE | 1.2 NAME | McCroan, James | |
| STREET ADDRESS | 8661 BRACKENWOOD DR | 1.3 STREET ADDRESS | 1636 Wood Duck Drive | |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | D | 2.1 TITLE | V D | ☒ Change ☐ Addition |
| NAME | ELSTON, LYNN | 2.2 NAME | | |
| STREET ADDRESS | 1055 DERR RUN | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 2.4 CITY-ST-ZIP | | |
| TITLE | V | 3.1 TITLE | D S | ☒ Change ☐ Addition |
| NAME | MARSHALL, BIFF | 3.2 NAME | Douglas Eberwein | |
| STREET ADDRESS | 928 ARABIAN AVE | 3.3 STREET ADDRESS | 1313 Andes Drive | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 3.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | SD | 4.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | THORPE, VANDI | 4.2 NAME | Alan Rhine | |
| STREET ADDRESS | 151 TRISMAN TERRACE | 4.3 STREET ADDRESS | 1578 Eagle Nest Circle | |
| CITY-ST-ZIP | WINTER PARK FL | 4.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | P | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DAVIS, JO | 5.2 NAME | | |
| STREET ADDRESS | 1433 NEWBRIDGE LN | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | | |
| TITLE | TD | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | VON DOHLEN, RHONNA | 6.2 NAME | Iselin, Chris | |
| STREET ADDRESS | 450 NORWOOD CT | 6.3 STREET ADDRESS | 2890 Wild Ginger Court | |
| CITY-ST-ZIP | OVIEDO FL | 6.4 CITY-ST-ZIP | Winter Park, FL 32792 | |

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: Lynn A. Elston 5/11/95 407/699-6867
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Lynn A. Elston

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