

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N18025 (9)
 1. Corporation Name
 TRINITY AQUATIC'S TEAM BOOSTER CLUB, INC.



Principal Place of Business Mailing Address
 2525 CADY WAY WINTER PARK FL 32792 US
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3. Date Incorporated or Qualified 12/02/1986
 3a. Date of Last Report 05/16/1995

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2788448 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

24 25 29 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 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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCROAN, JAMES	
STREET ADDRESS	1636 WOOD DUCK DRIVE	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELSTON, LYNN	
STREET ADDRESS	1055 DERR RUN	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	EBERWEIN, DOUGLAS	
STREET ADDRESS	1313 ANDES DRIVE	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RHINE, ALAN	
STREET ADDRESS	1578 EAGLE NEST CIRCLE	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JO	
STREET ADDRESS	1433 NEWBRIDGE LN	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISELIN, CHRIS	
STREET ADDRESS	2890 WILD GINGER COURT	
CITY - ST - ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, S, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Woray Whitcomb (D, T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3320 Heathgate Ct.	
2.3 STREET ADDRESS	Orlando, FL	
2.4 CITY - ST - ZIP		
3.1 TITLE	Dianne Yankellevitz (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1541 Cardinal Ct	
3.3 STREET ADDRESS	Winter Park, FL	
3.4 CITY - ST - ZIP		
4.1 TITLE	(D, P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Larry Harner (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	337 Ringwood Cr.	
5.3 STREET ADDRESS	Winter Springs, FL	
5.4 CITY - ST - ZIP		
6.1 TITLE	Michael Blaker (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	1166 Peach Dr.	
6.3 STREET ADDRESS	St. Cloud, FL	
6.4 CITY - ST - ZIP		

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)(k), 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* Lynn A. Elston 8/5/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)