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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N18025 (9)

FILED Jan 29 1998 8:00am Secretary of State

TRINITY AQUATIC'S TEAM BOOSTER CLUB, INC.						l (88it)81 861 Préss (2t)4 601	t il (sili) b iot a rati i	Didit Gläss breit	E3E0 G(E) 1007
					-				
Principal Place of Business Mailing Address						6 2002118 006 11 00 1 3 11 31 1			
P O BOX 4373					Ì	3. Date Incorporated or Qua	alified		
WINTER PARK FL 32793 WINTER PARK FL 32793						12/02/1986			
100		US			ŀ	4. FEI Number			Applied For
<u> </u>						59-2788448			Not Applicable
2. Principal 1	Place of Business	2a. Mailing Address 26				5. Certificate of Status Desir	red 🗆	\$8.75	Additional Required
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Finance	cina		May Be
22		27	7			Trust Fund Contribution			to Fees
City & Sta	te	City & State				7. Is this nonprofit corporation	on a homeown	ers associati	ion?
23		28					☐ Yes	□ No	
Zip	Country	Zip	Country			8. This corporation owes or I	has paid the c		
24	25		30			Personal Property Tax due			☐ No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of N	ew Registered	J Agent	
			81	Name)				
ARCKEY, RAYMOND R				Street	Address	ess (P.O. Box Number is Not Acceptable)			
	ELL POINT WEST						· · · · · · · · · · · · · · · · · · ·		
MAITLAI	ND FL 32751		83						
			84	City	,	<u> </u>		85 Zip	Code
11. Pureuant	to the provisions of Sections 617 0500	and 617 1509 Florida Statuta	2. the chair			sian al-finite still as it in the st	FI	<u> </u>	**
office or	to the provisions of Sections 617.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was at	s, the above- ithorized by	the cor	poration	ition submits this statement to 's board of directors. I hereby	accept the ac	of changing pointment a	its registered is realistered
agent. I a	am familiar with, and accept the obliga	tions of, Section 617.0503, Flor	ida Statutes.		•				
SIGNATURE	Signature, typed or printed name of registered agen	and tille if analizable 10000	Projection of Accord						
12.	OFFICERS AND		Registered Agen	it signature	e tedolteo A	ADDITIONS/CHANGES TO	DATE OFFICERS AN	ID DIDECTO	DC IN 10
TITLE	DV	DELETE	1,1 TITLE		777)	0711021074	Change	
NAME	MCCROAN, JAMES	_	1.2 NAME		12.	ce Crossman	**		A
STREET ADDRESS	1636 WOOD DUCK DRIVE		1,3 STREET A	DDBESS	12.0		-		
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY - ST-		180	Loudon CT	3275/		
TITLE	DS	X DELETE	2.1 TITLE	- 2.11	100	ATIANCE (PLIA .	<u> </u>	Change	XI Addition
NAME	ELSTON, LYNN	/	2.2 NAME		ELL	EN MIARS	-		<i>y</i>
STREET ADDRESS	1055 DEER RUN		2.3 STREET ADDRESS		219	Chest put Rido	e Ct		
CITY-ST-ZIP	WINTER SPRINGS FL				dial		370	かり	
TITLE	DT	DELETE	3.1 TITLE		0010	CA. Opribys, 1	- 027	☐ Change	☐ Addition
NAME	ARCKEY, RAYMOND R	<u> </u>	3.2 NAME			_		C.ionge	
STREET ADDRESS	150 SHELL POINT WEST		3.3 STREET ADDRESS		1				
CITY-ST-ZIP	MAITLAND FL		3.4. CITY-ST-ZIP						
TITLE	DP	X DELETE	4.1 TITLE					Change	Addition
NAME	RHINE, ALAN	A	4. 2 NAME					Onlingo	Addition
STREET ADDRESS	1578 EAGLE NEST CIRCLE		4.3 STREET ADDRESS		ļ				
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP						
TITLE	D	DELETE	5.1 TITLE		المحاور	VICTOR		Сраппе	Addition
NAME	HORNER, LARRY	A	5.2 NAME		VO	DV		C. C. Lange	ا المالية
STREET ADDRESS	337 RINGWOOD CR		5.3 STREET ADDRESS		16	_ KIRSCH	_		ĺ
CITY-ST-ZIP	WINTER SPRINGS FL		5.4 CITY-ST-ZIP		1553	Eagle Nest Cir	un El	32708	, l
TITLE	D	DELETE	6.1 TITLE	4IF		- WINER SPI	NGA, FL	☐ Change	Addition
NAME	BLAIR, MICHAEL	X-4	6.2 NAME					vanige	L Routeon
STREET ADDRESS	1196 PERCH DR		6.3 STREET AL	nnpree					
CITY-ST-ZIP	ST. CLOUD FL		6.4 CITY-ST-						į
			= 0.4 UIII * DI *	ALC:	i				l l

14. I hereby certify that the information supplied with this filling 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 12 if ghanged, or on an attachmant with an address.