

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90109 021 ****61.25

DOCUMENT # N18025

1. Corporation Name

TRINITY AQUATIC'S TEAM BOOSTER CLUB, INC.

Principal Place of Business

P O BOX 4373
WINTER PARK FL 32793
US

Mailing Address

P O BOX 4373
WINTER PARK FL 32793
US



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

ARCKEY, RAYMOND R
150 SHELL POINT WEST
MAITLAND FL 32751

3. Date Incorporated or Qualified

12/02/1986

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

10. Name and Address of New Registered Agent

81 Name

Michelson, Stuart

82 Street Address (P.O. Box Number is Not Acceptable)

2902 Oak Bluff Way

83

84 City

Oviedo

FL

85 Zip Code

32765

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

Stuart Michelson

Stuart Michelson 1-10-99

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 **DP** ☒ DELETE
NAME **CROSSMAN, BRUCE**
STREET ADDRESS **60 LOUDON CT**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DS** ☒ DELETE
NAME **MIARS, ELLEN**
STREET ADDRESS **219 CHESTNUT RIDGE CT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **DT** ☒ DELETE
NAME **ARCKEY, RAYMOND R**
STREET ADDRESS **150 SHELL POINT WEST**
CITY-ST-ZIP **MAITLAND FL**

TITLE **DV** ☒ DELETE
NAME **KIRSCH, VAL**
STREET ADDRESS **1553 EAGLE NEST CIR**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **Bean, Mary**
1.3 STREET ADDRESS **3816 Kinsley Place**
1.4 CITY-ST-ZIP **Winter Park, FL 32792**

2.1 TITLE **DV** ☐ Change ☒ Addition
2.2 NAME **Shinn, Jane**
2.3 STREET ADDRESS **1420 Elizabeth Drive**
2.4 CITY-ST-ZIP **Winter Park, FL 32789**

3.1 TITLE **DT** ☐ Change ☒ Addition
3.2 NAME **Michelson, Stuart**
3.3 STREET ADDRESS **2902 Oak Bluff Way**
3.4 CITY-ST-ZIP **Oviedo, FL 32765**

4.1 TITLE **DS** ☒ Change ☐ Addition
4.2 NAME **Miars, Ellen**
4.3 STREET ADDRESS **1320 Casa Park Circle**
4.4 CITY-ST-ZIP **Winter Springs, FL 32708**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Stuart Michelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-99 407-823-6550

0016016

CR2E037 (11/98)