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 -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18933** **(4)**

1. Corporation Name

TARPON SPRINGS - NORTH PINELLAS YOUTH FOOTBALL, INC.

Principal Place of Business	Mailing Address
PO BOX 1924 TARPON SPRINGS FL 34688 US	PO BOX 1924 TARPON SPRINGS FL 34688 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/26/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ 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 C. 199.032, 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 / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

AVISE, DENNIS
895 SEMINOLE BLVD
TARPON SPRINGS FL 34689

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 mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DRIVER, CHARLES	12 NAME	
STREET ADDRESS	40 W LIME ST	13 STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	AVISE, DENNIS	22 NAME	
STREET ADDRESS	895 SEMINOLE BLVD	23 STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	T ☒ Change ☐ Addition
NAME	JONES, CATHY	32 NAME	MARGARET F. WILSON
STREET ADDRESS	100 KENTUCKY AVE	33 STREET ADDRESS	611 SUGAR MILL ROAD
CITY ST ZIP	CRYSTAL BCH FL	34 CITY ST ZIP	TARPON SPRINGS, FL 34689
TITLE	S	41 TITLE	S ☒ Change ☐ Addition
NAME	AVISE, JACQUELYN	42 NAME	JACQUELINE RIORDAN
STREET ADDRESS	895 SMINOLE BLVD	43 STREET ADDRESS	3935 STAR ISLAND DRIVE
CITY ST ZIP	TARPON SPRINGS FL	44 CITY ST ZIP	HOLIDAY, FL 34691
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	JONES, JIM	52 NAME	
STREET ADDRESS	100 KENTUCKY AVE	53 STREET ADDRESS	
CITY ST ZIP	CRYSTAL BCH FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	POPE, RON	62 NAME	
STREET ADDRESS	1008 GREENLEAF WAY	63 STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL	64 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)(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: Margaret J. Wilson MARGARET F. WILSON 4/26/95 (813)937-3495
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000300