

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N18933** (4)  
1. Corporation Name  
**TARPON SPRINGS - NORTH PINELLAS YOUTH FOOTBALL, INC.**



Principal Place of Business Mailing Address  
**PO BOX 1824  
TARPON SPRINGS FL 34688  
US** **PO BOX 1824  
TARPON SPRINGS FL 34688  
US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/26/1987	05/01/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	NOT APPLICABLE	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

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 **CHRISTOPHER RIORDAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3935 STAR ISLAND DRIVE**  
83  
84 City **HOLIDAY** FL 85 Zip Code **34691**

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

*Christopher Riordan*

(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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DRIVER, CHARLES</b>	
STREET ADDRESS	<b>40 W LIME ST</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AVISE, DENNIS</b>	
STREET ADDRESS	<b>895 SEMINOLE BLVD</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSON, MARGARET F.</b>	
STREET ADDRESS	<b>611 SUGAR MILL ROAD</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>RIORDAN, JACQUELINE</b>	
STREET ADDRESS	<b>3935 STAR ISLAND DRIVE</b>	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONES, JIM</b>	
STREET ADDRESS	<b>100 KENTUCKY AVE</b>	
CITY-ST-ZIP	<b>CRYSTAL BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POPE, RON</b>	
STREET ADDRESS	<b>1008 GREENLEAF WAY</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>34689</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP</b>
2.3 STREET ADDRESS	<b>FORD, JON R.</b>
2.4 CITY-ST-ZIP	<b>102 KENTUCKY AV.</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>CRYSTAL BEACH, FL</b>
3.4 CITY-ST-ZIP	<b>34681</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>34691</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>P</b>
5.3 STREET ADDRESS	<b>CHRISTOPHER RIORDAN</b>
5.4 CITY-ST-ZIP	<b>3935 STAR ISLAND DR.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>HOLIDAY, FL</b>
6.3 STREET ADDRESS	<b>34691</b>
6.4 CITY-ST-ZIP	<b>34689</b>

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:

*Margaret F. Wilson*

**MARGARET F. WILSON** 3/21/96 (213) 937-2495

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)