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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
USPO BOX 1924
TARPON SPRINGS FL 34688-1924
US3. Date Incorporated or Qualified
01/26/19873a. Date of Last Report
05/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIORDAN, CHRISTOPHER
3935 STAR ISLAND DRIVE
HOLIDAY FL 3469181 Name **MARGARET F. WILSON**82 Street Address (P.O. Box Number is Not Acceptable)
611 SUGAR MILL ROAD

83

84 City **TARPON SPRINGS** **FL** 85 Zip Code **34689**

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

*Margaret F. Wilson***MARGARET F. WILSON, TREASURER****3/25/97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DRIVER, CHARLES	
STREET ADDRESS	40 W LIME ST	
CITY-ST-ZIP	TARPON SPRINGS FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DRIVER, CHARLES	
1.3 STREET ADDRESS	427 E. HARRISON STREET	
1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FORD, JON R.	
STREET ADDRESS	102 KENTUCKY AVENUE	
CITY-ST-ZIP	CRYSTAL BEACH FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> DELETE
NAME	WILSON, MARGARET F.	
STREET ADDRESS	611 SUGAR MILL ROAD	
CITY-ST-ZIP	TARPON SPRINGS FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	RIORDAN, JACQUELINE	
STREET ADDRESS	3935 STAR ISLAND DRIVE	
CITY-ST-ZIP	HOLIDAY FL	

4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AYISE, JACQUE	
4.3 STREET ADDRESS	895 SEMINOLE BLVD.	
4.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

TITLE	P	<input type="checkbox"/> DELETE
NAME	RIORDAN, CHRISTOPHER	
STREET ADDRESS	3935 STAR ISLAND DRIVE	
CITY-ST-ZIP	HOLIDAY FL	

5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BARRETT, RANDY	
5.3 STREET ADDRESS	1796 ENGLEWOOD AVENUE	
5.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POPE, RON	
STREET ADDRESS	1008 GREENLEAF WAY	
CITY-ST-ZIP	TARPON SPRINGS FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Margaret F. Wilson* **MARGARET F. WILSON** **3/25/97** (813) 937-3495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008923

CR2E037 (9/96)