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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 PO BOX 1924 TARPON SPRINGS FL 34688 US	Mailing Address PO BOX 1924 TARPON SPRINGS FL 34688 US
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3. Date Incorporated or Qualified 01/28/1987
4. FEI Number NOT APPLICABLE
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WILSON, MARGARET F
611 SUGAR MILL RD
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 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** **3-19-98**
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 NAME STREET ADDRESS CITY-ST-ZIP	D DRIVER, CHARLES 427 E HARRISON ST TARPON SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORD, JON R. 102 KENTUCKY AVENUE CRYSTAL BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, MARGARET F. 611 SUGAR MILL ROAD TARPON SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVISE, JACQUE 895 SEMINOLE BLVD TARPON SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, RANDY 1798 ENGLEWOOD AVE TARPON SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, RON 1008 GREENLEAF WAY TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP WILSON, HAROLD D. 611 SUGAR MILL RD. TARPON SPRINGS, FL 34689
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P AVISE, DENNIS 895 SEMINOLE BLVD TARPON SPRINGS, FL 34689
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Dennis Avise **DENNIS AVISE** **3-19-98** **(813) 934-9731**

CR2E037 (1097)