


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90240 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18933**

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

\* 2 2 4 4 0 8 \*  
224408 - 90240 - 44



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/26/1987
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
		Trust Fund Contribution

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	Stone, Kimberly A.
82 Street Address (P.O. Box Number is Not Acceptable)	4840 Shell Stream Blvd.
83	
84 City	New Port Richey
85 Zip Code	FL 34652

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: Kimberly A. Stone

3-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIVER, CHARLES	1.2 NAME	
STREET ADDRESS	427 E HARRISON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, HAROLD D.	2.2 NAME	
STREET ADDRESS	611 SUGAR MILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, MARGARET F.	3.2 NAME	Kimberly Stone
STREET ADDRESS	611 SUGAR MILL ROAD	3.3 STREET ADDRESS	4840 Shell Stream Blvd.
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	N.P.R., FL. 34652
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVISE, JACQUE	4.2 NAME	Young, JAN
STREET ADDRESS	895 SEMINOLE BLVD	4.3 STREET ADDRESS	5032 Flora Ave
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	Holiday, FL. 34690
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVISE, DENNIS	5.2 NAME	John Nielsen
STREET ADDRESS	895 SEMINOLE BLVD	5.3 STREET ADDRESS	4245 Crestfield Ave
CITY-ST-ZIP	TARPON SPRINGS FL 34689	5.4 CITY-ST-ZIP	Holiday, FL. 34691
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, RON	6.2 NAME	
STREET ADDRESS	1008 GREENLEAF WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	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: Kimberly A. Stone  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 (727) 846-8818  
Date Daytime Phone #

CR2E037 (11/98)