2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004
Secretary of State

DOCUMENT# N19713

Entity Name: SULPHUR SPRINGS ACTION LEAGUE, INC.

Current Principal Place of Business:

10546 N. FLORIDA AVE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 9415
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-2875513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPE, LINDA B
P.O.BOX 9415
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBINSON, JOSEPH
Address: 1621 MULBERRY DRIVE
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete
Name: JINES, DAVID M
Address: 1607 E. IDELL STREET
City-St-Zip: TAMPA, FL 33604

Title: TREA ( ) Delete
Name: VIEIRA, DAMARIS R
Address: 1505 MULBERRY DRIVE
City-St-Zip: TAMPA, FL 33604

Title: SECT ( ) Delete
Name: KIESER, GEORGIA
Address: 1802 MULBERRY DR
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HOPE, LINDA M
Address: 10546 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMARIS VIEIRA TREA 05/13/2004

Electronic Signature of Signing Officer or Director Date