

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 PM 2:35



DOCUMENT # **N42555 (5)**

1. Corporation Name

TAMPA LAKE PARK BMX PARENTS COUNCIL, INC.

Principal Place of Business

**17302 LAKE PARK
LUTZ FL 33549
US**

Mailing Address

**% MARK GONZALEZ
2604 MARTHA LANE
LAND O LAKES FL 34639**

3. Date Incorporated or Qualified
03/14/1991

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

21 Lake Park BMX

Suite, Apt. #, etc.

22 17302 N. Dale Mabry Hwy.

City & State

23 Lutz FL

Zip

24 33549

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3091692

Applied For

☐ Not Applicable

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

10. Name and Address of New Registered Agent

**GONZALEZ, MARK
2604 MARTHA LANE
LAND O LAKES FL 33639**

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

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 **PD** ☐ DELETE
NAME **GONZALEZ, MARK**
STREET ADDRESS **2604 MARTHA LANE**
CITY-ST-ZIP **LAND O LAKES FL 33549**

TITLE **V** ☒ DELETE
NAME **PORTZEN, RAY**
STREET ADDRESS **1203 LUCAS STREET**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **S** ☐ DELETE
NAME **WISSELMAN, STEFANIE**
STREET ADDRESS **6505 APPALOOSA DRIVE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☐ DELETE
NAME **PASCHALL, MIKE**
STREET ADDRESS **1132 DOGWOOD AVE.**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☒ DELETE
NAME **MCGOWEN, CATHY**
STREET ADDRESS **2639 KNOLL ST. EAST**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **T** ☐ DELETE
NAME **CURTIS, GWENDOLYN**
STREET ADDRESS **18017 LINDAWOODS STR**
CITY-ST-ZIP **ODESSA FL 33556**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **100001947471**
1.3 STREET ADDRESS **-09/16/96--01016--005**
1.4 CITY-ST-ZIP ******236.25 ****236.25**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **Terry Jamieson**
2.3 STREET ADDRESS **5411 68th Lane N. Apt. D**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33709**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Glen Irrizarry**
5.3 STREET ADDRESS **17302 N. Dale Mabry Hwy.**
5.4 CITY-ST-ZIP **Lutz, FL 33549**

6.1 TITLE ☐ Change ☐ 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 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:

Gwendolyn Curtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gwendolyn Curtis, Treasurer

9-3-96

Date

813-976-9083

Daytime Phone #