

**NONPROFIT CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # N42555 (5)

1. Corporation Name

TAMPA LAKE PARK BMX PARENTS COUNCIL, INC.

Principal Place of Business

Mailing Address

LAKE PARK BMX
17302 N. DALE MABRY HWY
LUTZ FL 33549
US

% MARK GONZALEZ
2604 MARTHA LANE
LAND O LAKES FL 34639

98 OCT 30 AM 10:42

SECRETARY OF STATE



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 90 Tim Gorham
27 6418 Amundson St.
28 TAMPA, FL
29 33634
30 USA

3. Date Incorporated or Qualified

03/14/1991

4. FEI Number

59-3091692

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.



Yes No

9. Name and Address of Current Registered Agent

GONZALEZ, MARK
2604 MARTHA LANE
LAND O LAKES FL 33639

10. Name and Address of New Registered Agent

81 Name Tim Gorham
82 Street Address (P.O. Box Number is Not Acceptable) 6418 Amundson St
83 700002679477-9
84 City TAMPA
11/03/98 01092 015
*****70. FL ***133634

11. Pursuant to the provisions of sections 617.0502 and 617.1503, 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 Tim Gorham Track Director Tim Gorham 9-28-98

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, MARK	
STREET ADDRESS	2604 MARTHA LANE	
CITY-ST-ZIP	LAND O LAKES FL 33549	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JAMICSON, TERRY	
STREET ADDRESS	5411 68TH LANE N., APT D	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, MICHAEL G.	
STREET ADDRESS	3815 NORTHGREEN AVE., #3405	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PASCHALL, MIKE	
STREET ADDRESS	1132 DOGWOOD AVE.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IRRIZARRY, GLEN	
STREET ADDRESS	17302 N. DALE MABRY HWY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS, GWENDOLYN	
STREET ADDRESS	18017 LINDAWOODS STR	
CITY-ST-ZIP	ODESSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tim Gorham	
1.3 STREET ADDRESS	6418 Amundson St	
1.4 CITY-ST-ZIP	TAMPA, FL 33634	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Louis Hutto	
2.3 STREET ADDRESS	19148 Huckaville Rd	
2.4 CITY-ST-ZIP	Odessa, FL 33556	
3.1 TITLE	Jynthia Hutto	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jynthia Hutto	
3.3 STREET ADDRESS	19148 HUCKAVILLE Rd	
3.4 CITY-ST-ZIP	ODESSA, FL 33556	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Becky Garrett	
4.3 STREET ADDRESS	3619 S. Hesperides Cir	
4.4 CITY-ST-ZIP	Tampa, FL 33629	
5.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Don Bertels	
5.3 STREET ADDRESS	4112 Woodsville Drive	
5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b) 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: Tim Gorham Tim Gorham 9-28-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

001108

CR2E037 (5/98)