

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42942 (5)

1. Corporation Name

SKATERS ACTIVITY FUND EFFORT, INC.

Principal Place of Business

1618 PINE PLACE
CLEARWATER FL 34615

Mailing Address

1618 PINE PLACE
CLEARWATER FL 34615



3. Date Incorporated or Qualified
04/11/1991

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

2a. Mailing Address

21 1503 Stonecreek Dr.

26 1503 Stonecreek Dr.

4. FEI Number
59-3050938

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Tarpon Sp. FL.

28 Tarpon Springs FL.

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34689

25 Pinellas

29 34689

30 Pinellas

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

SHAW, LAURIE
1618 PINE PLACE
CLEARWATER FL 34615

81 Name
Linda O'Leary

82 Street Address (P.O. Box Number, Apt. #, etc.)
1503 Stonecreek Dr.

83

84 City

Tarpon Springs FL

85 Zip Code

34689

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

Linda L. O'Leary

Linda L. O'Leary

D. President

6/27/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SHAW, LAURIE
STREET ADDRESS 1618 PINE PLACE
CITY-ST-ZIP CLEARWATER FL 34615

11 TITLE D. President
12 NAME Linda O'Leary
13 STREET ADDRESS 1503 Stonecreek Dr.
14 CITY-ST-ZIP Tarpon Springs, FL. 34689

TITLE DVP
NAME O'LEARY, LINDA
STREET ADDRESS 1503 STONECREEK DR.
CITY-ST-ZIP TARPON SPRINGS FL 34689

21 TITLE V.P.
22 NAME Jennie Campanella
23 STREET ADDRESS 3419 Beech Trail
24 CITY-ST-ZIP Clearwater FL. 34621

TITLE DS
NAME CONSTANTINE, RITE
STREET ADDRESS 2612 SUNNYSIDE CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34684

31 TITLE D.S.
32 NAME melanie Cordonnier
33 STREET ADDRESS 1970 Seton Dr.
34 CITY-ST-ZIP Clearwater FL. 34621

TITLE DT
NAME VENTURA, LINDA
STREET ADDRESS 115 VENUS AVE. N.
CITY-ST-ZIP CLEARWATER FL 34615

41 TITLE DT
42 NAME Linda Ventura
43 STREET ADDRESS 115 Venus Ave. N.
44 CITY-ST-ZIP Clearwater FL. 34615

TITLE D
NAME CAMPANELLA, JENNIE
STREET ADDRESS 3419 BEECH TRAIL
CITY-ST-ZIP CLEARWATER FL 34621

51 TITLE D
52 NAME Kit Baston
53 STREET ADDRESS 2772 Kumquat Rd.
54 CITY-ST-ZIP Clearwater, FL 34619

TITLE D
NAME LINER, CAROL
STREET ADDRESS 2333 KNOLL AVE.
CITY-ST-ZIP PALM HARBOR FL 34683

61 TITLE D
62 NAME Barbara Caraghan
63 STREET ADDRESS 90 Fernbrook Rd
64 CITY-ST-ZIP Oldsmar, FL. 34617

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:

Linda L. O'Leary President

6/27/96

942-7725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)