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NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
98 FEB 27 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42942** **(5)**

1. Corporation Name
SKATERS ACTIVITY FUND EFFORT, INC.

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
1503 STONECREEK DR TARPON SPRINGS FL 34689	1503 STONECREEK DR TARPON SPRINGS FL 34689-3047

3. Date Incorporated or Qualified: 04/11/1991
3a. Date of Last Report: 08/16/1996

2. Principal Place of Business
21 3419 Beech Trail
22 Suite, Apt. #, etc.
23 City & State: Clearwater FL
24 Zip: 33761 25 Country: Pinellas

2a. Mailing Address
26 3419 Beech Trail
27 Suite, Apt. #, etc.
28 City & State: Clearwater FL
29 Zip: 33761 30 Country: Pinellas

4. FEI Number: 59-3050938 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 4

6. Election Campaign Financing Trust Fund Contribution 05/04/98--01155000004 Name Be ****297.50 ****297.50

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'LEARY, LINDA
1503 STONECREEK DR
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Jennie Campanella
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3419 Beech Trail
84 City: Clearwater FL 85 Zip Code: 33761

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: Jennie Campanella - President — Jennie Campanella — DATE: 11/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	O'LEARY, LINDA		1.2 NAME	Jennie Campanella	
STREET ADDRESS	1503 STONEVREEK DR		1.3 STREET ADDRESS	3419 Beech Trail	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	CAMPANELLA, JENNIE		2.2 NAME	Mary McAuliffe	
STREET ADDRESS	3419 BEACH TRAIL		2.3 STREET ADDRESS	1795 Springtime Ave	
CITY-ST-ZIP	CLEARWATER FL 34621		2.4 CITY-ST-ZIP	Clearwater Fla. 33755	
TITLE	DS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CORDONNIER, MELANIE		3.2 NAME	Melanie Cordonnier	
STREET ADDRESS	1970 SETON DR		3.3 STREET ADDRESS	2495 Frisco Dr.	
CITY-ST-ZIP	CLEARWATER FL 34621		3.4 CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	DT	☒ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	VENTURA, LINDA		4.2 NAME	Kit Baston	
STREET ADDRESS	115 VENUS AVE. N.		4.3 STREET ADDRESS	2772 Kumquat Rd	
CITY-ST-ZIP	CLEARWATER FL 34615		4.4 CITY-ST-ZIP	Clearwater Fl 33755	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BASTON, KIT		5.2 NAME	Pat Vallarelli	
STREET ADDRESS	2772 KUMQUAT RD		5.3 STREET ADDRESS	2880-D Grovewood Blvd.	
CITY-ST-ZIP	CLEARWATER FL 34619		5.4 CITY-ST-ZIP	Palm Harbor, FL. 34683	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CALAGHAN, BARBARA		6.2 NAME	Susan Tighe	
STREET ADDRESS	90 FERNBROOK RD		6.3 STREET ADDRESS	1204 BROOK WAY	
CITY-ST-ZIP	OLDSMAR FL 34677		6.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	

CR2E037 (9/96)

14. I do 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.

2/3/98

SIGNATURE: [illegible] — 813 784 7595