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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45703 (8)

1. Corporation Name
TARPON SPRINGS SPONSORS CLUB, INC.



Principal Place of Business P.O. BOX 102 TARPON SPRINGS FL 34688-0102	Mailing Address P.O. BOX 102 TARPON SPRINGS FL 34688-0102
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3. Date Incorporated or Qualified 10/21/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3095072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CULLEN, JOSEPH L.
1410 SUNSET ROAD
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FLAMMER, KARL F
STREET ADDRESS	4700 RIDGEVIEW RD
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARTMAN, DICK
STREET ADDRESS	1552 BIG BASS DR
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	CULLEN, JOSEPH L.
STREET ADDRESS	1410 SUNSET ROAD
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	P <input type="checkbox"/> DELETE
NAME	REICHART, DON
STREET ADDRESS	494 WEST GATE RD
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CAMM, WILLIAM T.
STREET ADDRESS	1900 RICHARD ERVIN PKWY
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ST ARNOLD, RUSS
STREET ADDRESS	772 CHESAPEAKE DR
CITY-ST-ZIP	TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: **Joseph L. Cullen** (13) 937-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone # 008874

CR2E037 (9/96)