


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N45703 (8)**

1. Corporation Name  
**TARPON SPRINGS SPONSORS CLUB, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>P.O. BOX 102<br/>TARPON SPRINGS FL 34688-0102</b> | Mailing Address<br><b>P.O. BOX 102<br/>TARPON SPRINGS FL 34688-0102</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/21/1991</b>   | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>59-3095072</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 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 Zip                 |
| 24 Country                     | 29 Country             |
| 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                      | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME                       | <b>FLAMMER, KARL F</b>         |                                 |
| STREET ADDRESS             | <b>4700 RIDGEVIEW RD</b>       |                                 |
| CITY-ST-ZIP                | <b>PALM HARBOR FL</b>          |                                 |
| TITLE                      | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME                       | <b>HARTMAN, DICK</b>           |                                 |
| STREET ADDRESS             | <b>1552 BIG BASS DR</b>        |                                 |
| CITY-ST-ZIP                | <b>TARPON SPRINGS FL</b>       |                                 |
| TITLE                      | <b>ST</b>                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>CULLEN, JOSEPH L.</b>       |                                 |
| STREET ADDRESS             | <b>1410 SUNSET ROAD</b>        |                                 |
| CITY-ST-ZIP                | <b>TARPON SPRINGS FL</b>       |                                 |
| TITLE                      | <b>P</b>                       | <input type="checkbox"/> DELETE |
| NAME                       | <b>REICHART, DON</b>           |                                 |
| STREET ADDRESS             | <b>494 WEST GATE RD</b>        |                                 |
| CITY-ST-ZIP                | <b>TARPON SPRINGS FL</b>       |                                 |
| TITLE                      | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME                       | <b>CAMM, WILLIAM T.</b>        |                                 |
| STREET ADDRESS             | <b>1900 RICHARD ERVIN PKWY</b> |                                 |
| CITY-ST-ZIP                | <b>TARPON SPRINGS FL</b>       |                                 |
| TITLE                      | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME                       | <b>ST ARNOLD, RUSS</b>         |                                 |
| STREET ADDRESS             | <b>772 CHESAPEAKE DR</b>       |                                 |
| CITY-ST-ZIP                | <b>TARPON SPRINGS FL</b>       |                                 |

| 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)