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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified: 10/21/1991
4. FEI Number: 59-3095072
Applied For: Not Applicable

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No (checked)
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
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: Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE: D FLAMMER, KARL F
1.2 NAME: 4700 RIDGEVIEW RD
1.3 STREET ADDRESS: PALM HARBOR FL
1.4 CITY-ST-ZIP
2.1 TITLE: D HARTMAN, DICK
2.2 NAME: 1552 BIG BASS DR
2.3 STREET ADDRESS: TARPON SPRINGS FL
2.4 CITY-ST-ZIP
3.1 TITLE: ST CULLEN, JOSEPH L.
3.2 NAME: 1410 SUNSET ROAD
3.3 STREET ADDRESS: TARPON SPRINGS FL
3.4 CITY-ST-ZIP
4.1 TITLE: P REICHAERT, DON
4.2 NAME: 494 WEST GATE RD
4.3 STREET ADDRESS: TARPON SPRINGS FL
4.4 CITY-ST-ZIP
5.1 TITLE: D CAMM, WILLIAM T.
5.2 NAME: 1900 RICHARD ERVIN PKWY
5.3 STREET ADDRESS: TARPON SPRINGS FL
5.4 CITY-ST-ZIP
6.1 TITLE: D ST ARNOLD, RUSS
6.2 NAME: 772 CHESAPEAKE DR
6.3 STREET ADDRESS: TARPON SPRINGS FL
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
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4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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)(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 Joseph L. Cullen 5-4-98 (813) 937-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069746

CR2E037 (10/97)