


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90010 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N45703**  
 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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526330 - 90010 - 48

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/21/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3095072
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 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, with all other like empowered.

SIGNATURE: *Joseph L. Cullen* **SIGNATURE REQUIRED** **JOSEPH L. CULLEN 5-5-99 (727) 937-5017**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)