


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2004 8:00 am
Secretary of State

02-24-2004 90007 034 ****61.25

DOCUMENT # N45703
1. Entity Name
TARPON SPRINGS SPONSORS CLUB, INC.



Principal Place of Business Mailing Address
P.O. BOX 102 P.O. BOX 102
TARPON SPRINGS FL 34688-0102 TARPON SPRINGS FL 34688-0102

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country PINELLAS Zip Country PINELLAS

4. FEI Number 59-3095072 Applied For Not Applicable
MOORE CR2E037 (11/03)

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAHINIS, THEO
629 TESSIER DR
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
Name **JOHN E. AIDE**
Street Address (P.O. Box Number is Not Acceptable)
321 High STREET
TARPON SPRINGS
City **FL** Zip Code **34689**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *John E Aide* *JOHN E AIDE* DATE **2-8-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ROBERT E 37 OSCAR HILL RD TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, JOHN 2715 MONTAGUE CT E CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAHINIS, THEO 629 TESSLER DR TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAMMER, KARL F 4700 RIDGEVIEW RD TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARNOLD, RUSS 772 CHESPEAKE DR TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARDING, RANDY 2326 U S 19 HOLIDAY FL 34691 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDY KARRY 1523 KISH BLVD TRINITY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANDOLPH HARDING 2326 US 19 HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHN E AIDE 321 High STREET TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KARL F FLAMMER 4700 Ridgeview Dr. TARPON SPRINGS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICK KARRY 592 Waterford Circle E TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAN RICHARDSON 1073 CHIPPER WAX TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John E Aide*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2-8-04** DAYTIME PHONE #: **(727) 939-3510**



604-187850

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 26, 2004

TARPON SPRINGS SPONSORS CLUB, INC.
P.O. BOX 102
TARPON SPRINGS, FL 34688-0102

Subject: TARPON SPRINGS SPONSORS CLUB, INC.

Reference Number:

N45703

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/bg

ANNUAL REPORTS SECTION

asked for another copy - 3/1/04
2) 3/15/04 called again with request
3) 3-21-04 Received forms
JED