


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90040 023 ****70.00

| | | | |
|---|---------------------------------|--|--|
| DOCUMENT # N45703 | |  | |
| 1. Entity 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Country | |
| PINELLAS | | FLORIDA | |
| 4. FEI Number 59-3095072 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AIDE, JOHN E 321 HIGH STREET TARPON SPRINGS FL 34689 | | 7. Name and Address of New Registered Agent Name: JOHN E AIDE Street Address (P.O. Box Numbers Not Acceptable): 321 HIGH STREET TARPON SPRINGS City: TARPON SPRINGS 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 STD (Signature, typed or printed name of registered agent and title if applicable) JOHN E AIDE (NOTE: Registered Agent signature required when reinstating) 7-5-05 (DATE) | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE: D NAME: KARAY, ANDY STREET ADDRESS: 1523 KISH BLVD. CITY-ST-ZIP: TRINITY FL 34655 | <input type="checkbox"/> Delete | TITLE: D NAME: SANDERS JOHN STREET ADDRESS: 2715 MONTAGUE CT, E CITY-ST-ZIP: CLEARWATER, FL 33716 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: PD NAME: HARDING, RANDOLPH STREET ADDRESS: 2326 US 19 CITY-ST-ZIP: HOLIDAY FL 34691 | <input type="checkbox"/> Delete | TITLE: P&G NAME: FLAMMER KARL F STREET ADDRESS: 4700 RIDGEVIEW RD. CITY-ST-ZIP: TARPON SPRINGS, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: STD NAME: AIDE, JOHN E STREET ADDRESS: 321 HIGH STREET CITY-ST-ZIP: TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete | TITLE: STD NAME: AIDE JOHN E STREET ADDRESS: 321 High STREET CITY-ST-ZIP: TARPON SPRINGS, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VPD NAME: FLAMMER, KARL F STREET ADDRESS: 4700 RIDGEVIEW RD CITY-ST-ZIP: TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete | TITLE: VP NAME: AIDE, DAVID B STREET ADDRESS: 1538 RIVERSIDE DR. CITY-ST-ZIP: TARPON SPRINGS FL 34689 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: KARRY, NICK STREET ADDRESS: 592 WATERFORD CIR E. CITY-ST-ZIP: TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete | TITLE: D NAME: KARAY ANDY STREET ADDRESS: 1523 KISH BLVD. CITY-ST-ZIP: TRINITY, FL 34655 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VPD NAME: RICHARDSON, DAN STREET ADDRESS: 1073 CHIPPER WAX CITY-ST-ZIP: TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete | TITLE: PAST PR D. NAME: RICHARDSON, DAN. STREET ADDRESS: 1073 CHIPPERWAY CITY-ST-ZIP: 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) JOHN E AIDE (Typed Name) 7-5-05 (Date) (727) 937-3510 (Daytime Phone #) | | | |