


**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		DATE: 7-5-05	
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)	
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	<input type="checkbox"/> Delete	TITLE: D
STREET ADDRESS: 1523 KISH BLVD.	CITY-ST-ZIP: TRINITY FL 34655		NAME: SANDERS JOHN
			STREET ADDRESS: 2715 MONTAGUE CT, E
			CITY-ST-ZIP: CLEARWATER, FL 33716
TITLE: PD	NAME: HARDING, RANDOLPH	<input type="checkbox"/> Delete	TITLE: P&G
STREET ADDRESS: 2326 US 19	CITY-ST-ZIP: HOLIDAY FL 34691		NAME: FLAMMER KARL F
			STREET ADDRESS: 4700 RIDGEVIEW RD.
			CITY-ST-ZIP: TARPON SPRINGS, FL 34689
TITLE: STD	NAME: AIDE, JOHN E	<input type="checkbox"/> Delete	TITLE: STD
STREET ADDRESS: 321 HIGH STREET	CITY-ST-ZIP: TARPON SPRINGS FL 34689		NAME: AIDE JOHN E
			STREET ADDRESS: 321 High STREET
			CITY-ST-ZIP: TARPON SPRINGS, FL 34689
TITLE: VPD	NAME: FLAMMER, KARL F	<input type="checkbox"/> Delete	TITLE: VP
STREET ADDRESS: 4700 RIDGEVIEW RD	CITY-ST-ZIP: TARPON SPRINGS FL 34689		NAME: AIDE, DAVID B
			STREET ADDRESS: 1538 RIVERSIDE DR.
			CITY-ST-ZIP: TARPON SPRINGS FL 34689
TITLE: D	NAME: KARRY, NICK	<input type="checkbox"/> Delete	TITLE: D
STREET ADDRESS: 592 WATERVIEW CIR E.	CITY-ST-ZIP: TARPON SPRINGS FL 34689		NAME: KARAY ANDY
			STREET ADDRESS: 1523 KISH BLVD.
			CITY-ST-ZIP: TRINITY, FL 34655
TITLE: VPD	NAME: RICHARDSON, DAN	<input type="checkbox"/> Delete	TITLE: PAST PR D.
STREET ADDRESS: 1073 CHIPPER WAX	CITY-ST-ZIP: TARPON SPRINGS FL 34689		NAME: RICHARDSON, DAN.
			STREET ADDRESS: 1073 CHIPPERWAY
			CITY-ST-ZIP: TARPON SPRINGS, FL 34689
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		DATE: 7-5-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (727) 937-3510	