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Mar 03 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 # **N49373** (6)

1. Corporation Name

TRAINING SHIP TARPON SPRINGS, INC.



Principal Place of Business

Mailing Address

14 MARINER DRIVE
~~SUITE 300~~
TARPON SPRINGS FL 34689
US

14 MARINER DRIVE
~~SUITE 200~~
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

2a. Mailing Address

21 14 MARINER DRIVE

26 14 MARINER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TARPON SPRINGS, FL

28 TARPON SPRINGS, FL

Zip

Country

Zip

Country

24 34689

25 PINELLAS

29 34689

30 PINELLAS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/11/1992

4. FEI Number

59-3140200

Applied For

Not Applicable

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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

DILLARD, DONALD H
14 MARINER DRIVE
TARPON SPRINGS FL 34689

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **COLE, E.L.**
STREET ADDRESS **40347 US 19 N #107**
CITY-ST-ZIP **TARPON SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FLAHERTY, DANIEL J**
STREET ADDRESS **3130 BLUFF BLVD.**
CITY-ST-ZIP **HOLIDAY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **DILLARD, DONALD H**
STREET ADDRESS **14 MARINER DR**
CITY-ST-ZIP **TARPON SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MORRIS, ROBERT J JR**
STREET ADDRESS **35 W LEMON STREET**
CITY-ST-ZIP **TARPON SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SWAIN, HENRY J**
STREET ADDRESS **1403 GLENDOVER COURT**
CITY-ST-ZIP **TARPON SPRINGS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 address.

SIGNATURE: *Donald H. Dillard* **DONALD H. DILLARD**

2-22-98 813-942-1907

CR2E037 (10/97)