

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000830 (1)

1. Corporation Name

T.S.H.S. CHEERLEADERS, INC.



Principal Place of Business

Mailing Address

1411 GULF RD.
TARPO SPRINGS FL 34689

1411 GULF RD.
TARPO SPRINGS FL 34689

3. Date Incorporated or Qualified
12/16/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3186656

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAL, DEIRDRE K.
1411 GULF RD.
TARPO 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

Deirdre K. Deal
Signature, typed or printed name of registered agent and their applicable

DEIRDRE K. DEAL

Director

4-29-96

DATE

(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME FORTES, JAN
STREET ADDRESS 1102 MISTY LANE
CITY-ST-ZIP TARPO SPRINGS FL

TITLE VD ☒ DELETE
NAME ROCA, FRANCINE
STREET ADDRESS 730 HICKORY LN.
CITY-ST-ZIP TARPO SPRINGS FL

TITLE SD ☒ DELETE
NAME ZEISS, ANGELA
STREET ADDRESS 1321 RIVERSIDE DR.
CITY-ST-ZIP TARPO SPRINGS FL

TITLE TD ☒ DELETE
NAME BARONE, NATALIE
STREET ADDRESS 2852 ENISGROVE DR.
CITY-ST-ZIP PALM HARBOR FL

TITLE D ☐ DELETE
NAME DEAL, DEIRDRE K.
STREET ADDRESS 1411 GULF RD.
CITY-ST-ZIP TARPO SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Andre Fedor
1.3 STREET ADDRESS 451 Oxford Rd.
1.4 CITY-ST-ZIP Palm Harbor, FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Teresa Kemp
2.3 STREET ADDRESS 1395 Disston Ave
2.4 CITY-ST-ZIP TARPO SPRINGS FL 34689

3.1 TITLE SO ☒ Change ☐ Addition
3.2 NAME Donna Williams
3.3 STREET ADDRESS 1411 Gulf Rd.
3.4 CITY-ST-ZIP Tarpon Springs, FL 34689

4.1 TITLE TO ☒ Change ☐ Addition
4.2 NAME KEN HENDERSON
4.3 STREET ADDRESS 1411 GULF RD.
4.4 CITY-ST-ZIP Tarpon Springs, FL 34689

5.1 TITLE 400001847654 ☐ Change ☐ Addition
5.2 NAME -06/03/96--01031--013
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

Deirdre K. Deal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEIRDRE K. DEAL

4/29/96