


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90022 014 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N92000000830</b>					
1. Corporation Name <b>T.S.H.S. CHEERLEADERS, INC.</b>					
Principal Place of Business 1411 GULF RD. TARPON SPRINGS FL 34689			Mailing Address 1411 GULF RD. TARPON SPRINGS FL 34689		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/16/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3186656	
24 Country		29 Country		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing				Trust Fund Contribution	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEAL, DEIRDRE K 1411 GULF RD. 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: Deirdre K. Deal Deirdre K. Deal 7/30/99  
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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIER, RENEE			1.2 NAME	Sue Frizzell		
STREET ADDRESS	1411 GULF RD			1.3 STREET ADDRESS	1411 Gulf Rd		
CITY-ST-ZIP	TARPON SPRINGS FL 34689			1.4 CITY-ST-ZIP	Tarpon Springs FL 34689		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRIZZELL, SUSAN			2.2 NAME	Barbara Kunath		
STREET ADDRESS	1411 GULF RD.			2.3 STREET ADDRESS	1411 Gulf Rd		
CITY-ST-ZIP	TARPON SPRINGS FL 34689			2.4 CITY-ST-ZIP	Tarpon Springs FL 34689		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, TERRI			3.2 NAME	Ellen Musher		
STREET ADDRESS	1411 GULF RD			3.3 STREET ADDRESS	1411 Gulf Rd		
CITY-ST-ZIP	TARPON SPRINGS FL 34689			3.4 CITY-ST-ZIP	Tarpon Springs FL 34689		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUNATH, BARBARA			4.2 NAME	Melody Martinez		
STREET ADDRESS	1411 GULF RD.			4.3 STREET ADDRESS	1411 Gulf Road		
CITY-ST-ZIP	TARPON SPRINGS FL 34689			4.4 CITY-ST-ZIP	Tarpon Springs FL 34689		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEAL, DEIRDRE K.			5.2 NAME			
STREET ADDRESS	1411 GULF RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAPTIST, BRUCE			6.2 NAME	Phyllis Terilli		
STREET ADDRESS	1411 GULF RD			6.3 STREET ADDRESS	1411 Gulf Rd.		
CITY-ST-ZIP	TARPON SPRINGS FL 34689			6.4 CITY-ST-ZIP	Tarpon Springs FL 34689		

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 an address, with all other like empowered.

SIGNATURE: Deirdre K. Deal Deirdre K. Deal 7/30/99 727-376-0492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)