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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N93000001428 (2)

1. Corporation Name

SEAHAWKS OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

COLEMAN JR. HIGH SCHOOL
P.O. BOX 13284
TAMPA FL 33681-3284

COLEMAN JR. HIGH SCHOOL
P.O. BOX 13284
TAMPA FL 33681-3284

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1993 3a. Date of Last Report 11/21/1994

4. FEI Number 69-3208265 APPLIED FOR Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ \$9.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

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

BOURASSA, DANIEL C JR.
3111 FIELDER AVE.
TAMPA FL 33611

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BOURASSA, DANIEL C JR.
STREET ADDRESS 3111 FIELDER AVE.
CITY - ST - ZIP TAMPA FL 33611

TITLE D
NAME ELLINGWOOD, BILL
STREET ADDRESS 4431 LEILA AVE.
CITY - ST - ZIP TAMPA FL 33618

TITLE S
NAME TONERSON, MELODY
STREET ADDRESS 4420 W. PAUL AVE.
CITY - ST - ZIP TAMPA FL

TITLE I
NAME GORDON, PAMELA
STREET ADDRESS 4015 BAYSHORE BLVD.
CITY - ST - ZIP TAMPA FL 33611

TITLE D
NAME SHULIS, TRACY W
STREET ADDRESS 4808 CULBREATH ISLES WAY
CITY - ST - ZIP TAMPA FL 33629

TITLE D
NAME DOSAL, MARK
STREET ADDRESS 4217 MORRISON
CITY - ST - ZIP TAMPA, FL 33611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change ☒ Addition ☐
PAMELA BURTON, TAMMI
3916 PAXTON AVE
TAMPA, FL 33611

Change ☐ Addition ☐
NOMINATIONS ARE UNDER
CONSIDERATION

Change ☐ Addition ☐
4/27/95 83837-5575
4/27/95 83837-5575

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 83837-5575
Date Daytime Phone #