FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:07

DOCUMENT # **N93000001919 (0)**

1. Corporation Name

ACCESSIBLE SPORTS & RECREATIONAL ACTIVITIES PROJECT, INC.

Principal Place of Business	Mailing Address
1927 LONGFELLOW DR NORTH FT MYERS FL 33903	1927 LONGFELLOW DR NORTH FT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1993
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0402133 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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. 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

SABATKA, GLENN A
1927 LONGFELLOW DR
NORTH FT MYERS FL 33903

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SABATKA, GLENN	12 NAME	
STREET ADDRESS	1927 LONGFELLOW DR.	13 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BARKIN, IRWIN	22 NAME	
STREET ADDRESS	1910 VIRGINIA AVE., #202-B	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	GRIFFEY, ROGER	32 NAME	
STREET ADDRESS	6371-4 PRESIDENTIAL CT.	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	GEE, LAURIE A	42 NAME	
STREET ADDRESS	627 S.E. 12TH AVE., STE. 128	43 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SWISHER, THOMAS	52 NAME	
STREET ADDRESS	1323 TANGLEWOOD PKWY	53 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MACMURTRIE, ROANE	62 NAME	
STREET ADDRESS	5785 ARVINE CIR., S.W.	63 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	64 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)(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 changed, or on an attachment with an address.

SIGNATURE: Glenn A Sabatka — March 21, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GLENN SABATKA

0015806