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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000005275 (3)

1. Corporation Name

ST. PETERSBURG/CLEARWATER AREA SPORTS FOUNDATION
INC.



Principal Place of Business

Mailing Address

THE THUNDERDOME
ONE STADIUM DR SUITE A
ST PETERSBURG FL 33705

THE THUNDERDOME
ONE STADIUM DR SUITE A
ST PETERSBURG FL 33705-1702

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 14450 46TH ST. N.

26 P.O. Box 515

4. FEI Number
59-3252258

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 CLEARWATER FL

27

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

23 CLEARWATER FL

28 ST PETERSBURG

Zip

Country

Zip

Country

24 34622

25 PINELLAS

29 33731-0515

30 PINELLAS

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

ENGLANDER & FISCHER, P.A.
5959 CENTRAL AVE
SUITE 201
ST PETERSBURG FL 33710

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 DC ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME JOHNSON, WILLIAM C
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL 33701

1.2 NAME
1.3 STREET ADDRESS P.O. Box 515 (N/A)
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33731-0515

TITLE DV ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ADAMS, JEFFREY M
STREET ADDRESS 360 CENTRAL AVE SUITE 1100
CITY-ST-ZIP ST PETERSBURG FL 33701

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME COREY, ALFRED E JR
STREET ADDRESS PO BOX 1121 N/A
CITY-ST-ZIP ST PETERSBURG FL 33731-1121

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME DAVENPORT, MICHAEL W
STREET ADDRESS 1 STADIUM DR STE A
CITY-ST-ZIP ST PETERSBURG FL 33705

4.2 NAME
4.3 STREET ADDRESS P.O. Box 515 (N/A)
4.4 CITY-ST-ZIP ST PETERSBURG FL 33731-0515

TITLE DT ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME RIGGS, CHARLES
STREET ADDRESS 2111 DREW ST
CITY-ST-ZIP CLEARWATER FL 34625

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME SMITH, COZEE L
STREET ADDRESS PO BOX 12288, MC228-6000 N/A
CITY-ST-ZIP ST PETERSBURG FL 33733-2288

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050111

CR2E037 (9/96)