

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000001460 (4)

1. Corporation Name

PASCO SUNCOAST SWIM TEAM, INC.



Principal Place of Business

VETERANS MEMORIAL PARK  
HUDSON FL 34669  
US

Mailing Address

P.O. BOX 7330  
HUDSON FL 34674  
US

3. Date Incorporated or Qualified  
03/21/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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4. FEI Number

59-3233004

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

ELLROD, MATTHEW D  
5845 NEBRASKA AVENUE  
NEW PORT RICHEY FL 34652

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 ☐ DELETE

NAME PD  
HAMPSON, KEITH  
STREET ADDRESS 71 PINE STREET  
CITY-ST-ZIP HOMOSSASA FL 34446

TITLE ☐ DELETE

NAME VD  
WARD, R C  
STREET ADDRESS 17815 D JAMESTOWN WAY  
CITY-ST-ZIP LUTZ FL

TITLE ☒ DELETE

NAME RS  
PANONESSA, RHONDA  
STREET ADDRESS 7809 SNAPPING TURTLE COURT  
CITY-ST-ZIP HUDSON FL

TITLE ☒ DELETE

NAME SD  
REACH, NANCY  
STREET ADDRESS 24039 TURTLE ROCK COURT  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE

NAME T  
KETTLETY, SHEREE  
STREET ADDRESS 5206 LAGOS COURT  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

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

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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: *Keith E. Hampton* KEITH E. HAMPTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (352) 563-4880

Date

Daytime Phone #

CR2E037 (12/95)