

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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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 34674-7330
US**



3. Date Incorporated or Qualified
03/21/1994

3a. Date of Last Report
05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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 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

TITLE **PD** ☐ DELETE
NAME **HAMPTON, KEITH**
STREET ADDRESS **71 PINE STREET**
CITY-ST-ZIP **HOMOSSASA FL 34448**

TITLE **VPD** ☐ DELETE
NAME **WARD, R C**
STREET ADDRESS **5349 PASADENA DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **SD** ☐ DELETE
NAME **SMITH, SANDIE**
STREET ADDRESS **12105 WINDRIVER LANE, #5**
CITY-ST-ZIP **HUDSON FL**

TITLE **SD** ☐ DELETE
NAME **BIALKASKI, CAROL ANN**
STREET ADDRESS **7019 SOUTH WIND DRIVE**
CITY-ST-ZIP **HUDSON FL**

TITLE **T** ☐ DELETE
NAME **KETTLETY, SHEREE**
STREET ADDRESS **5208 LAGOS COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT PD & TD** ☒ Change ☐ Addition
1.2 NAME **KARPA, BARBARA**
1.3 STREET ADDRESS **3601 LAKE PADGETT DRIVE**
1.4 CITY-ST-ZIP **LAND OLAKE, FL 34639**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **FINNERAN, DAWN**
2.3 STREET ADDRESS **15836 Lyle Circle**
2.4 CITY-ST-ZIP **Hudson, FL 34667**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **BIALKOSKI, CAROL ANNE**
3.3 STREET ADDRESS **7019 South Wind Drive**
3.4 CITY-ST-ZIP **Hudson, FL 34667**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **Delete**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **Delete**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

4/29/97 813(996.468)

CR2E037 (9/96)