

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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # N94000002248 (2)

1. Corporation Name
SPRING HILL SPORTS ASSOCIATION, INC.



Principal Place of Business: 6354 CRANBROOK CT. SPRING HILL FL 34606
Mailing Address: 6354 CRANBROOK CT. SPRING HILL FL 34606

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report: 07/11/1995
4. FEI Number: 59-3240706
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**DEFRANCESCO, WAHNITA
6354 CRANBROOK CT.
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DEFRANCESCO, WAHNITA	
STREET ADDRESS	C/O 6354 CRANBROOK CT.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, ALAN	
STREET ADDRESS	11464 PALOMA ST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HARNEY, JOANNE	
STREET ADDRESS	12358 ELGIN BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	EASER, BETTY	
STREET ADDRESS	7329 PINEHURST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOW, WAHNITA	
STREET ADDRESS	C/O 6354 CRANBROOK CT.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV JENKINS, ART
2.3 STREET ADDRESS	3302 Garden Ave.
2.4 CITY-ST-ZIP	SPRING HILL FL 34609
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS PEARSON, CANDY
3.3 STREET ADDRESS	13456 WHITE PLAINS ST
3.4 CITY-ST-ZIP	SPRING HILL FL 34609
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT HETHERTON, LISA A.
4.3 STREET ADDRESS	12493 FISH COVE DR.
4.4 CITY-ST-ZIP	SPRING HILL FL 34609
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Wahnita DeFrancesco* 4-1-96 352-683-3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)