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Apr 28, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003236

1. Corporation Name

RISING STARS EDUCATION & SPORTS FOUNDATION, INC.

Principal Place of Business

6900 142ND AVE N
LARGO FL 34641
US

Mailing Address

6900 142ND AVE N
LARGO FL 34641
US



2. Principal Place of Business 21 3062 Prestige Drive Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip Country 24 33759-1611 25 US	2a. Mailing Address 26 P.O. Box 15836 Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip Country 29 33766-5836 30 US	3. Date Incorporated or Qualified 06/24/1994 4. FEI Number 59-3254371 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

WALDRON, PAMELA
6900 142ND AVE N
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	3062 Prestige Drive		Clearwater	FL 33759

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, PETER E	1.2 NAME	
STREET ADDRESS	6900 142ND AVE N	1.3 STREET ADDRESS	3062 Prestige Drive
CITY-STATE-ZIP	LARGO FL	1.4 CITY-STATE-ZIP	Clearwater, FL 33759-1611 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, RICHARD A	2.2 NAME	
STREET ADDRESS	1917 E AIRE LIBRE AVENUE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PHOENIX AZ	2.4 CITY-STATE-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WING, PHILIP	3.2 NAME	
STREET ADDRESS	10032 HORSESHOE CLOSE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BELVIDERE IL	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROY	4.2 NAME	
STREET ADDRESS	1770 E MARKET ST #102	4.3 STREET ADDRESS	
CITY-STATE-ZIP	YORK PA	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99

727-669-1408

CR2E037 (1/98)