FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006206 (6)**

1. Corporation Name

SPRINGSTEAD HIGH SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13112 ~~13122~~ JESSICA DRIVE SPRING HILL FL 34609	13112 ~~13122~~ JESSICA DRIVE SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1994**
3a. Date of Last Report:
4. FEI Number: ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 13112 Jessica Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Spring Hill Fl
Zip 24 / Country 25	Zip 29 34609 / Country 30 USA

9. Name and Address of Current Registered Agent

CARIO, JEFFREY P
2154 MARINER BLVD.
SUITE C
SPRING HILL FL 34609

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FRANTZIS, PETER	12 NAME	
STREET ADDRESS	13122 JESSICA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	14 CITY-ST-ZIP	900001510709
TITLE	VD	21 TITLE	-187127795--010 ☐ Change ☐ Addition
NAME	CARIO, JEFFREY P	22 NAME	****130.00 ****130.00
STREET ADDRESS	2154 MARINER BLVD. SUITE C	23 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	ANDRYUSKY, WILLIAM	32 NAME	
STREET ADDRESS	12216 WACO ST.	33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LEVIJA, NANCY	42 NAME	
STREET ADDRESS	8213 DELEWARER DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MARKFORD, RICK	52 NAME	
STREET ADDRESS	2333 RIWG ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL 34609	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	REMITTED BY MAY 1 ☐ Addition
NAME	VONADA, BILL	62 NAME	
STREET ADDRESS	2470 LAKE FOREST AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL 34609	64 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)(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: _____ Jeffrey Cario 4-27-95 (904)686-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0000376