

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002737 (3)**

1. Corporation Name

SUNSHINE OFFICIALS ASSOCIATION-WRESTLING, INC.



Principal Place of Business 2533 COLONY DRIVE DUNEDIN FL 34698 US	Mailing Address 2533 COLONY DRIVE DUNEDIN FL 34698 US
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3. Date Incorporated or Qualified
06/06/1995

4. FEI Number
65-0609667

Applied For
Not Applicable

2. Principal Place of Business 21 5381 12 AVE N Suite, Apt. #, etc. 22 City & State 23 ST. PETE, FL Zip 24 33710-5903 25 USA	2a. Mailing Address 26 5381 12 AVE N Suite, Apt. #, etc. 27 City & State 28 ST. PETE, FL Zip 29 33710-5903 30 USA
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PECORI, GREGORY
2533 COLONY DRIVE
DUNEDIN FL 34698**

81 Name RICO, KEN
82 Street Address (P.O. Box Number is Not Acceptable) 5381 12 AVE N
83
84 City ST. PETE
85 Zip Code FL 33710-5903

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 **Kenneth D. Ried, Treasurer**

1/14/98

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ALLISON, WALTER	1.2 NAME	
STREET ADDRESS	3675 SHORE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WITHERS, ERNIE	2.2 NAME	
STREET ADDRESS	6816 38TH AVE EAST	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34208	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SMOOTH, JAMES	3.2 NAME	
STREET ADDRESS	3832 YARDLEY AVE N	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33713	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NILES, JOHN W	4.2 NAME	
STREET ADDRESS	9773 1ST ST NE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33702	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S LAWTON, JOHN	5.2 NAME	
STREET ADDRESS	1100 PINE RIDGE CIRCLE WEST #101F	5.3 STREET ADDRESS	
CITY - ST - ZIP	TARPOON SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T PECORI, GREG	6.2 NAME	TRASURER
STREET ADDRESS	2533 COLONY DRIVE	6.3 STREET ADDRESS	RICO, KEN
CITY - ST - ZIP	DUNEDIN FL	6.4 CITY - ST - ZIP	5381 12 AVE N
			ST. PETE, FL 33710-5903

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.

SIGNATURE:

Kenneth D. Ried

1/14/98

(813) 321-8153

CR2E037 (10/97)