

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

DOCUMENT # N95000003915 (4)

1. Corporation Name

**THE TARPON SPRINGS ECONOMIC DEVELOPMENT BOARD, I
NC.**



Principal Place of Business

100 E. TARPON AVENUE
SUITE 2
TARPON SPRINGS FL 34689

Mailing Address

100 E. TARPON AVENUE
SUITE 2
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified
08/15/1995

3a. Date of Last Report

2. Principal Place of Business

21 **210 S. Pinellas Ave**

Suite, Apt. #, etc.

22 **168B**

City & State

23 **TARPON SPRINGS, FL.**

Zip

24 **34689**

Country

25 **USA**

2a. Mailing Address

26 **210 S. Pinellas Ave**

Suite, Apt. #, etc.

27 **S. 168B**

City & State

28 **TARPON SPRINGS, FL.**

Zip

29 **34689**

Country

30 **USA**

4. FEI Number

59-3356905

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

9. Name and Address of Current Registered Agent

**LANE, ART
885 CRESTRIDGE CIRCLE
TARPON SPRINGS FL 34689**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **LANE, ART**
STREET ADDRESS **885 CRESTRIDGE CIRCLE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **V** ☒ DELETE
NAME **ARFARAS, DUCHESS**
STREET ADDRESS **611 E. ORANGE STREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **S** ☐ DELETE
NAME **SALIVARAS, RENEE**
STREET ADDRESS **101 E. TARPON AVENUE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **T** ☐ DELETE
NAME **KLUNDRA, KAREN**
STREET ADDRESS **101 E. TARPON AVENUE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P.O.** ☒ Change ☐ Addition
12 NAME **LANE, ART**
13 STREET ADDRESS **885 Crestridge Circle**
14 CITY-ST-ZIP **Tarpon Springs FL 34689**

21 TITLE **V.D.** ☒ Change ☐ Addition
22 NAME **Arfaras, D. uchess**
23 STREET ADDRESS **611 E. Orange St**
24 CITY-ST-ZIP **Tarpon Springs, FL 34689**

31 TITLE **SB** ☒ Change ☐ Addition
32 NAME **Salivaras, Renee**
33 STREET ADDRESS **101 E Tarpon Ave**
34 CITY-ST-ZIP **Tarpon Springs, FL 34689**

41 TITLE **TD** ☒ Change ☐ Addition
42 NAME **Kundra, Karen**
43 STREET ADDRESS **101 E. Tarpon Ave.**
44 CITY-ST-ZIP **Tarpon Springs, FL 34689**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR C. LANE
Date

937-6836
Daytime Phone #

CS 8/30/96

CR2E037 (12/95)