

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005295 (9)

1. Corporation Name

BAY AREA CHEERLEADER ASSOCIATION INC.



Principal Place of Business

Mailing Address

**4611 N HALE
TAMPA FL 33614**

**4611 N HALE
TAMPA FL 33614**

3. Date Incorporated or Qualified

11/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENTON, SHERRY L
1104 BRANDON LAKES AVE
VALRICO FL 33594**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE

NAME SHERRY L. DENTON "D"
STREET ADDRESS 1104 BRANDON LAKES AVE.
CITY-STATE-ZIP VALRICO, FL 33594

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE VICE-PRESIDENT ☐ DELETE

NAME DAVID K.K. YOUNG, JR. "D"
STREET ADDRESS 1456 BRIARWOOD CT.
CITY-STATE-ZIP SAFETY HARBOR, FL 34695

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE SECRETARY ☐ DELETE

NAME CANDICE J. QUINCEL "D"
STREET ADDRESS 5618 SYCAMORE ST. NORTH
CITY-STATE-ZIP ST. PETERSBURG, FL 33703

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE TREASURER ☒ DELETE

NAME SHERYL A. BERRY
STREET ADDRESS 14701 CARNATION DRIVE
CITY-STATE-ZIP TAMPA, FL 33616

41 TITLE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

**TREASURER
DEBRA A. PONTENBERG "D"
4728 WINDFLOWER CIRCLE
TAMPA, FL 33624**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

**800001868908
-06/20/96--01022--014**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

*****61.25**

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:

Sherry L. Denton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

684-4777 (813)

Daytime Phone #

CR2E037 (12/95)