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Apr 13 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 # **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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 15207**

22 City & State

27 Suite, Apt. #, etc.
28 **TAMPA, FL**

23 Zip Country

29 **33604-5207** **30** **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

59-3353678

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. 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

10. Name and Address of New Registered Agent

**YOUNG, DAVID K JR.
1456 BRIARWOOD CT.
SAFETY HARBOR FL 34695**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YOUNG, DAVID K JR.	
STREET ADDRESS	1456 BRIARWOOD CT	
CITY-ST-ZIP	SAFETY HARBOR FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SABA, LYNN	
STREET ADDRESS	15102 MEADOWLAKE ST	
CITY-ST-ZIP	ODESSA FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCIA, PATTY	
STREET ADDRESS	4403 NORTH A STREET	
CITY-ST-ZIP	TAMPA FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SANDOE, CHERYL N	
STREET ADDRESS	3131 HILLSIDE LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JIMENEZ, GARY G	
STREET ADDRESS	4611 N HALE	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CRAIG LAWHORNG
2.3 STREET ADDRESS	8050 FAHRIDORE CIRCLE
2.4 CITY-ST-ZIP	TAMPA, FL 33610

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	TANI L. YOUNG
4.4 CITY-ST-ZIP	1456 BRIARWOOD CT. SAFETY HARBOR, FL 34695

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	LORI TINDALL
6.4 CITY-ST-ZIP	25421 TRADEWINDS DR. LAND O LAKES, FL 34639

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 *[Signature]* DATE **4/13/98** **813-**

CR2E037 (10/97)