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Mar 10 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 # **N97000000442 (0)**

1. Corporation Name

SUNCOAST YOUTH ATHLETIC AND SCHOLARS PROGRAM INC

Principal Place of Business

Mailing Address

**14055 HIGGINS STREET
SPRING HILL FL 34609**

**14055 HIGGINS STREET
SPRING HILL FL 34609**

3. Date incorporated or Qualified

01/28/1997

4. FEI Number

59-3429903

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 12539 Brookside St
Suite, Apt. #, etc.

26 12539 Brookside St
Suite, Apt. #, etc.

22

27

City & State

City & State

23 Spring Hill FL

28 Spring Hill, FL

Zip

Country

Zip

Country

24 34609

25 USA

29 34609

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENNIGAN, TIMOTHY M
14055 HIGGINS STREET
SPRING HILL FL 34609**

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

TITLE **P** ☐ DELETE

NAME **HENNIGAN, TIMOTHY M**
STREET ADDRESS **14055 HIGGINS STREET**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE **D/Commissioner** ☒ Change ☐ Addition

1.2 NAME **HENNIGAN, TIMOTHY M.**

1.3 STREET ADDRESS **14055 Higgins St**

1.4 CITY-ST-ZIP **Spring Hill, FL 34609**

2.1 TITLE **D/Vice Commissioner** ☐ Change ☒ Addition

2.2 NAME **HIBBERT, DAVID**

2.3 STREET ADDRESS **13289 Pinellas Ave**

2.4 CITY-ST-ZIP **Spring Hill, FL 34609**

3.1 TITLE **D/Secretary** ☐ Change ☒ Addition

3.2 NAME **OWEN, RUTH**

3.3 STREET ADDRESS **12539 Brookside St**

3.4 CITY-ST-ZIP **Spring Hill, FL 34609**

4.1 TITLE **D/Treasurer** ☐ Change ☒ Addition

4.2 NAME **BRUSCINO, WAYNE**

4.3 STREET ADDRESS **1241 WATER FALL DR.**

4.4 CITY-ST-ZIP **Spring Hill, FL 34608**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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] Commissioner

1/9/98

CP2E037 (10/97)