


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90024 023 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N97000000788

1. Corporation Name

CYC YOUTH SAILING FOUNDATION, INC.

Principal Place of Business

1150 CLEVELAND ST
SUITE 300
CLEARWATER FL 34630

Mailing Address

830 S BAYWAY BLVD
CLEARWATER FL 34630



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

33767

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

33767

30

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

APPLIED FOR 59-3515715

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

9. Name and Address of Current Registered Agent

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

STROHAUER, GARY N
1150 CLEVELAND ST
SUITE 300
CLEARWATER FL 34630

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 D ☐ DELETE
NAME STROHAUER, GARY N
STREET ADDRESS 1150 CLEVELAND ST SUITE 300
CITY-ST-ZIP CLEARWATER FL 34630

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TUGGLE, PAUL
STREET ADDRESS 12 TANGELO TER
CITY-ST-ZIP SAFETY HARBOR FL 34695

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME YOUNGS, GERALD
STREET ADDRESS 1150 CLEVELAND ST
CITY-ST-ZIP CLEARWATER FL 34615

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PHILLIPS, ELISABETH
STREET ADDRESS 3 AMBLESIDE DR
CITY-ST-ZIP BELLEAIR FL 34616

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KIDD, RICHARD
STREET ADDRESS 214 HOWARD DR
CITY-ST-ZIP BELLEAIR BEACH FL 33786

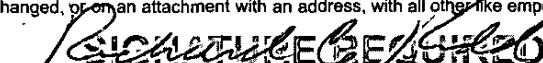
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard C. Kidd

1/21/99

Date

727-447-6000

Daytime Phone #

CR2E037 (1/98)