

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000871 (0)**  
1. Corporation Name

**EAST LAKE EAGLES WRESTLING BOOSTERS, INC.**



Principal Place of Business <b>1831 MARILYN DRIVE CLEARWATER FL 34619</b>	Mailing Address <b>1831 MARILYN DRIVE CLEARWATER FL 34619</b>	3. Date Incorporated or Qualified <b>02/17/1997</b>
		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>COLLINS, DEBBIE 1831 MARILYN DRIVE CLEARWATER FL 34619</b>	10. Name and Address of New Registered Agent 81 Name <b>Peter Collins</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1831 MARILYN DRIVE</b> 83 84 City <b>Clearwater</b> FL 85 Zip Code <b>34619</b>
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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 Peter Collins  
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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>BD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLLINS, DEBBIE</b>	1.2 NAME	<b>Kathy Roberts</b>
STREET ADDRESS	<b>1831 MARILYN DRIVE</b>	1.3 STREET ADDRESS	<b>2619 WARWICK TERRACE</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	1.4 CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>BD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHNEIDER, BARBARA</b>	2.2 NAME	<b>SHARON WISNER</b>
STREET ADDRESS	<b>3801 EMBASSY CT.</b>	2.3 STREET ADDRESS	<b>2935 WYCOMBE WAY</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	2.4 CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>BD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAULSON, MARILYN</b>	3.2 NAME	<b>Philip Wisner</b>
STREET ADDRESS	<b>142 OLD OAK CIRCLE</b>	3.3 STREET ADDRESS	<b>2935 WYCOMBE WAY</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	3.4 CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>BD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, PAT</b>	4.2 NAME	
STREET ADDRESS	<b>2619 WARWICK TR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, PETER</b>	5.2 NAME	
STREET ADDRESS	<b>1831 MARILYN DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Patrick Roberts 4-30-98

CR2E037 (10/97)