

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90299 039 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005951**

1. Corporation Name  
**HOMESCHOOL ATHLETIC PROGRAM FOR PINELLAS YOUTH, INC.**

Principal Place of Business 7008 59TH STREET NORTH PINELLAS PARK FL 33781	Mailing Address 7008 59TH STREET NORTH PINELLAS PARK FL 33781
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2. Principal Place of Business 21 <b>5622 18th Ave S.</b>	2a. Mailing Address 26 <b>5622 18th Ave S.</b>	3. Date Incorporated or Qualified <b>10/22/1997</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3474117</b>
City & State 23 <b>Gulfport FL</b>	City & State 28 <b>Gulfport FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33707</b>	Country 25 <b>US</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**MOTT, MICHAEL**  
 2801 BURLINGTON AVE. N.  
 ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name **Thomas V. Jones**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3500 12th Ave N.**

83

84 City **St. Petersburg FL** 85 Zip Code **33713**

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: Thomas V. Jones DATE: **5-14-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	MOOYSEY, DARLENE JOY	
STREET ADDRESS	7008 59TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	FRANCIS, LYDIA	
STREET ADDRESS	7008 59TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	JOHNSON, ANGELA	
STREET ADDRESS	7008 59TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	BOKULIC, RUTH	
STREET ADDRESS	7008 59TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Mootsey, Darlene Joy		
1.3 STREET ADDRESS	7008 59th St. N.		
1.4 CITY-ST-ZIP	Pinellas Park FL 33781		
2.1 TITLE	C/P/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Thomas P. Jones		
2.3 STREET ADDRESS	5622 18th Ave S.		
2.4 CITY-ST-ZIP	Gulfport FL 33707		
3.1 TITLE	V/M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	MARNI M. JONES		
3.3 STREET ADDRESS	5622 18th Ave S.		
3.4 CITY-ST-ZIP	Gulfport FL 33707		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Nancy Feldkamp		
4.3 STREET ADDRESS	6301 26th Ave N.		
4.4 CITY-ST-ZIP	St. Petersburg FL 33710		
5.1 TITLE	D/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Michelle Jockers		
5.3 STREET ADDRESS	3935 Helena St. NE		
5.4 CITY-ST-ZIP	St. Pete FL 33703		
6.1 TITLE	T/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Anna Rice		
6.3 STREET ADDRESS	135 18th Ave NE		
6.4 CITY-ST-ZIP	St. Pete FL 33704		

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: Thomas V. Jones DATE: **5-14-99** DAYTIME PHONE: **727-347-8259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)