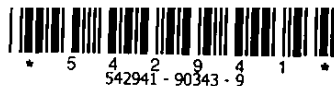


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90172 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000089 1. Corporation Name TARPON SPRINGS HIGH SCHOOL GIRLS BASKETBALL BOOSTERS, INC.			
Principal Place of Business 1411 GULF RD TARPON SPRINGS FL 34689		Mailing Address 1411 GULF RD TARPON SPRINGS FL 34689	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/01/1988	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-3538749	
24. Country		29. Country		5. Certificate of Status Desired	
25. Country		30. Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROYAL, JOHN W JR. 1411 GULF RD TARPON SPRINGS FL 34689				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 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Josephine Hayes
STREET ADDRESS		1.3 STREET ADDRESS	3177 Montrose Place
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary/Treasurer - D	2.2 NAME	Margaret Campbell
STREET ADDRESS	3212 HARVEST MOON DR.	2.3 STREET ADDRESS	3212 Harvest Moon Drive
CITY-ST-ZIP	PALM HARBOR, FL 34683	2.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Kerry Wright - Secretary - D
STREET ADDRESS		3.3 STREET ADDRESS	3911 Orchard Hill Cir
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Harbor FL 34684
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Carol Willi - Treasurer - D
STREET ADDRESS		4.3 STREET ADDRESS	501 Westwinds Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 register or trustee empowered to execute this report as required by Chapter 817, 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 *[Signature]* **1.14.99** (813) 396-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/199)