

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000001514 ✓

1. Corporation Name

TARPON SPRINGS HIGH SCHOOL SOCCER BOOSTERS, INC.

Principal Place of Business

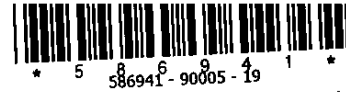
2910 CINNAMON BOULEVARD  
PALM HARBOR FL 34684

Mailing Address

2910 CINNAMON BOULEVARD  
PALM HARBOR FL 34684

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90064 002 \*\*\*\*61.25



2. Principal Place of Business

21 2910 Cinnamon Blvd.

Suite, Apt. #, etc.

22 City & State

23 PALM HARBOR, FLA.

24 Zip

34684

25 Country

26 PINELLAS

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/13/1998

4. FEI Number

59-3575458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

RAMON CARRION, P.A.  
28100 U.S. 19 N.  
SUITE 502  
CLEARWATER FL 34761

10. Name and Address of New Registered Agent

81 Name

82 SAME

83 Street Address (P.O. Box Number is Not Acceptable)

84 City

85 Zip Code

FL

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 PD ☐ DELETE

NAME BENNETT, KAREN  
STREET ADDRESS 2910 CINNAMON BOULEVARD  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD ☒ DELETE

NAME CARRION, RAMON  
STREET ADDRESS 1035 ENWOOD PARKWAY  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE SD ☒ DELETE

NAME COSTA, EDNA  
STREET ADDRESS 794 DELAWARE AVENUE  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE TD ☒ DELETE

NAME PAGE, BARBARA  
STREET ADDRESS 224 MILLSTONE DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ DELETE

NAME FREIERMUTH, JOHN  
STREET ADDRESS 708 SPARROW AVENUE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V. PRES. Edna Costa

2.3 STREET ADDRESS 794 Delaware Ave.

2.4 CITY-ST-ZIP Palm Harbor, Fla 34684

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SECRETARY Pam Friedlander

3.3 STREET ADDRESS 4934 Orange Grove Way

3.4 CITY-ST-ZIP Palm Harbor, FLA 34684

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME TREASURER SUZIE THOMAS

4.3 STREET ADDRESS 2421 LAKESIDE CIRCLE

4.4 CITY-ST-ZIP PALM HARBOR, FLA 34684

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME SAME

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, with all other like empowered.

SIGNATURE: *Karen Bennett* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6, 99

Daytime Phone #