

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90011 011 ****70.00

DOCUMENT # N98000002252

1. Corporation Name

PALM HARBOR ACADEMIC ATHLETIC FOUNDATION, INC.

Principal Place of Business

2100 ALTERNATE US HWY. 19
PALM HARBOR FL 34683

Mailing Address

2100 ALTERNATE US HWY. 19
PALM HARBOR FL 34683

616160-90011-611



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/16/1998

4. FEI Number

59-3530057

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

MORRIS, GLENN E
2100 ALTERNATE US HWY. 19
PALM HARBOR FL 34683

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	CORTEZ, STEVE	
STREET ADDRESS	1640 COUNTRYWOOD ST.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ECHOLS, DAN	
STREET ADDRESS	1716 DOUGLAS ST.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NABOZNY, FRANK	
STREET ADDRESS	285 LAKEVIEW DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD Glenn E. Morris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	2100 Alt US 19	
1.3 STREET ADDRESS	Palm Harbor FL 34684	
1.4 CITY-ST-ZIP		
2.1 TITLE	TD Stephen Wenstrom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	390 Lakeview Terrace	
2.3 STREET ADDRESS	Palm Harbor FL 34683	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD Susan K. Thompson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	366 Steeple Chase Lane	
3.3 STREET ADDRESS	Palm Harbor, FL 34684	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

8/12/99 727-789-5433

CR2E037 (5/99)