

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713451 (3)

1. Corporation Name
TAMPA BAY AUBURN CLUB, INC.



Principal Place of Business
**13905-A BARDMOOR PLACE
POST OFFICE BOX 1850 (N/A)
TAMPA FL 33601-1850
US**

Mailing Address
**POST OFFICE BOX 1850 (N/A)
P.O. BOX 1850
TAMPA FL 33601
US**

3. Date Incorporated or Qualified 10/12/1967	3a. Date of Last Report 01/26/1995
4. FEI Number 71-3451392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. **Post Office Box 271057**

27. State, Apt. #, etc.

28. **TAMPA, FL.**

29. **33688-1057**

30. Country

9. Name and Address of Current Registered Agent

**DYAL JR, LUCIUS M
1400, 501 E KENNEDY BLVD
TAMPA, FL
33602**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 Title (Corporate Officer or Director) Date of Signature

Print Name (Full Name of Agent) Signature (Name of Agent) Date of Signature

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	ADCOCK, MIKE	
12.3 STREET ADDRESS	107 E. FOWLER AVE.	
12.4 CITY-STATE-ZIP	TAMPA FL	
12.5 TITLE	P	<input type="checkbox"/> DELETE
12.6 NAME	JACOBS, JOHN	
12.7 STREET ADDRESS	13905-A BARDMOOR PLACE	
12.8 CITY-STATE-ZIP	TAMPA FL	
12.9 TITLE	V	<input checked="" type="checkbox"/> DELETE
12.10 NAME	GREENE, DAVID	
12.11 STREET ADDRESS	11400 4TH ST. N. #415	
12.12 CITY-STATE-ZIP	ST. PETERSBURG FL	
12.13 TITLE	S	<input type="checkbox"/> DELETE
12.14 NAME	FOWLER, WAYNE	
12.15 STREET ADDRESS	13324 LAKE GEORGE PLACE	
12.16 CITY-STATE-ZIP	TAMPA FL	
12.17 TITLE	T	<input type="checkbox"/> DELETE
12.18 NAME	CALDWELL, RHONDA	
12.19 STREET ADDRESS	11645 HIDDEN HOLLOW CIR.	
12.20 CITY-STATE-ZIP	TAMPA FL	
12.21 TITLE	D	<input type="checkbox"/> DELETE
12.22 NAME	WALL, HINDMAN	
12.23 STREET ADDRESS	12910 BRUSHY PINE PL	
12.24 CITY-STATE-ZIP	TAMPA FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-10)

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

V. BRIAN BANKSDALE
3115 Reseda Court
TAMPA, FL. 33618

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: *John D. Jacobs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-96 813-287-4751
Date Date/Time Phone #

CR2E037 (12/95)