

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **717230** (7)  
1. Corporation Name  
**TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.**

Principal Place of Business Mailing Address  
**6041 GUN CLUB ROAD POST OFFICE BOX 22591 TAMPA FL 33622**

2. Principal Place of Business 2a. Mailing Address  
21 **3901 GEORGE ROAD** 26 **3901 GEORGE ROAD**  
Suite, Apt #, etc Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

APPROVED AND FILED  
95 APR -6 AM 6:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **09/23/1969** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **23-7117945** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SHELLIE L. BAUCOM  
1434 VINETREE DRIVE  
BRANDON FL 33510**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>BAUCOM, SHELLIE</b>
STREET ADDRESS	<b>1434 VINETREE DRIVE</b>
CITY - ST - ZIP	<b>BRANDON, FL 33510</b>
TITLE	<b>T</b>
NAME	<b>ALLEN, BARBARA</b>
STREET ADDRESS	<b>7608 EL PASEO CT.</b>
CITY - ST - ZIP	<b>TAMPA FL 33615</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RODRIGUEZ, SYLVIA</b>	
3.3 STREET ADDRESS	<b>5409 HOPEDALE DRIVE</b>	
3.4 CITY - ST - ZIP	<b>TAMPA, FL 33624</b>	
4.1 TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TOM GEARY</b>	
4.3 STREET ADDRESS	<b>5018 PENNSBURRY DRIVE</b>	
4.4 CITY - ST - ZIP	<b>TAMPA, FL 33624</b>	
5.1 TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>LARRY HARARD</b>	
5.3 STREET ADDRESS	<b>15874 COUNTRY LAKE DRIVE</b>	
5.4 CITY - ST - ZIP	<b>TAMPA, FL 33624</b>	
6.1 TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>MICKEY MARTIN</b>	
6.3 STREET ADDRESS	<b>4319 BAY AVENUE</b>	
6.4 CITY - ST - ZIP	<b>TAMPA, FL 33616</b>	

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)(b), 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.

SIGNATURE: Shellie L. Baucum Shellie L. Baucum 3/1/95 (813) 684-2265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President