

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 3901 GEORGE ROAD, POST OFFICE BOX 22591, TAMPA FL 33622, US
Mailing Address: 3901 GEORGE ROAD, POST OFFICE BOX 22591, TAMPA FL 33622, US

3. Date Incorporated or Qualified: 09/23/1969
3a. Date of Last Report: 04/06/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 23-7117945	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SHELLIE L. BAUCOM
1434 VINETREE DRIVE
BRANDON FL 33510

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	BAUCOM, SHELLIE 1434 VINETREE DRIVE BRANDON, FL 33510	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	ALLEN, BARBARA 7606 EL PASEO CT. TAMPA FL 33615	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	RODRIGUEZ, SYLVIA 5409 HOPEDALE DRIVE TAMPA FL	2.2 NAME	Treasurer
TITLE: VPD	GEARY, TOM 5018 PENNSBURY DRIVE TAMPA FL	2.3 STREET ADDRESS	Betty Wicky
TITLE: VPD	HAZARD, LARRY 15874 COUNTRY LAKE DRIVE TAMPA FL	2.4 CITY - ST - ZIP	221 Lafayette Blvd. Oldsmar, Fl. 34677
TITLE: VPD	MARTIN, MICKEY 4319 BAY AVENUE TAMPA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	VPO
		4.3 STREET ADDRESS	Buddy Rodgers
		4.4 CITY - ST - ZIP	10204 Explore Ct. Tampa, Fl. 33615
		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 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 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: Betty Wicky / Betty Wicky 1-29-96 813-855-5307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)