**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**
**AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).**

# FILED
# Aug 11 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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 |
|---|---|
| 3901 GEORGE ROAD<br>POST OFFICE BOX 22591<br>TAMPA FL 33622<br>US | 3901 GEORGE ROAD<br>POST OFFICE BOX 22591<br>TAMPA FL 33622<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1969
3a. Date of Last Report: 02/01/1996
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

**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: LARRY INMAN
82 Street Address (P.O. Box Number is Not Acceptable): 17602 SIMMS RD.
83
84 City: ODESSA FL 85 Zip Code: 33556

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: Larry Inman DATE: 8/4/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☒ DELETE | 1.1 TITLE | P | ☐ Change ☒ Addition |
| NAME | BAUCOM, SHELLIE | | 1.2 NAME | LARRY INMAN | |
| STREET ADDRESS | 1434 VINETREE DRIVE | | 1.3 STREET ADDRESS | 17602 SIMMS RD. | |
| CITY-ST-ZIP | BRANDON, FL 33510 | | 1.4 CITY-ST-ZIP | ODESSA, FL 33556 | |
| TITLE | T | ☒ DELETE | 2.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | WICKY, BETTY | | 2.2 NAME | WAYNE PIMM | |
| STREET ADDRESS | 221 LAFAYETTE BLVD | | 2.3 STREET ADDRESS | 14322 DIPLOMAT DR. | |
| CITY-ST-ZIP | OLDSMAR FL | | 2.4 CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RODRIGUEZ, SYLVIA | | 3.2 NAME | | |
| STREET ADDRESS | 5409 HOPEDALE DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RODGERS, BUDDY | | 4.2 NAME | | |
| STREET ADDRESS | 10204 EXPLORE COURT | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HAZARD, LARRY | | 5.2 NAME | | |
| STREET ADDRESS | 15874 COUNTRY LAKE DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MARTIN, MICKEY | | 6.2 NAME | | |
| STREET ADDRESS | 4319 BAY AVENUE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (4/97)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED 8-5-97 813-228-7460