


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717230 (7)**  
1. Corporation Name  
**TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.**



Principal Place of Business <b>3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA FL 33622 US</b>	Mailing Address <b>3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA FL 33622 US</b>
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3. Date Incorporated or Qualified  
**09/23/1969**

4. FEI Number <b>23-7117945</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**INMAN, LARRY  
17602 SIMMS RD  
ODESSA FL 33556**

10. Name and Address of New Registered Agent

81 Name <b>RODGERS, KAMP</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10204 EXPLORER CT.</b>
83
84 City <b>TAMPA</b>
85 State <b>FL</b>
86 Zip Code <b>33615</b>

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 Kamp Rodgers President DATE 4-1-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>INMAN, LARRY</b>	
STREET ADDRESS <b>17602 SIMMS RD</b>	
CITY-ST-ZIP <b>ODESSA FL</b>	
TITLE <b>T DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME <b>PIMM, WAYNE</b>	
STREET ADDRESS <b>14322 DIPLOMAT DR</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>RODRIGUEZ, SYLVIA</b>	
STREET ADDRESS <b>5409 HOPEDALE DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RODGERS, BUDDY</b>	
STREET ADDRESS <b>10204 EXPLORE COURT</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MARTIN, MICKY</b>	
STREET ADDRESS <b>4319 BAY AVENUE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>PRESIDENT DIRECTOR RODGERS, KAMP</b>	
1.3 STREET ADDRESS <b>10204 EXPLORER CT.</b>	
1.4 CITY-ST-ZIP <b>TAMPA FL 33615</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>VICE PRESIDENT MASUCK, GEORGE</b>	
3.3 STREET ADDRESS <b>9702 ELM WAY</b>	
3.4 CITY-ST-ZIP <b>TAMPA FL 33635</b>	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>VICE PRESIDENT CALZON, BENNY</b>	
4.3 STREET ADDRESS <b>9018 FREDRICKSBURG RD</b>	
4.4 CITY-ST-ZIP <b>TAMPA FL 33635</b>	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>VICE PRESIDENT DIRECTOR LEVINSON, SCOTT</b>	
5.3 STREET ADDRESS <b>4809 WYNWOOD</b>	
5.4 CITY-ST-ZIP <b>TAMPA, FL 33615</b>	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>SECRETARY QUEEN, SUE</b>	
6.3 STREET ADDRESS <b>8921 PROMISE DR.</b>	
6.4 CITY-ST-ZIP <b>TAMPA FL 33626</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kamp Rodgers President DATE 4-1-98

CR2E037 (10/97)