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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 717230

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/23/1969

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7117945

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODGERS, KAMP
 10204 EXPLORER CT
 TAMPA FL 33615

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME RODGERS, KAMP
 STREET ADDRESS 10204 EXPLORER CT
 CITY-ST-ZIP TAMPA FL 33615

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME PIMM, WAYNE
 STREET ADDRESS 14322 DIPLOMAT DR
 CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition
 2.2 NAME Linda Harrison
 2.3 STREET ADDRESS 7305 Las Flores CT
 2.4 CITY-ST-ZIP Tampa FL 33634

TITLE S DELETE
 NAME RODRIGUEZ, SYLVIA
 STREET ADDRESS 5409 HOPEDALE DRIVE
 CITY-ST-ZIP TAMPA FL

3.1 TITLE Change Addition
 3.2 NAME Sylvia Rodriguez
 3.3 STREET ADDRESS 5409 Hopedale Dr
 3.4 CITY-ST-ZIP Tampa FL 33615

TITLE VP DELETE
 NAME MASUCK, GEORGE
 STREET ADDRESS 9702 ELM WAY
 CITY-ST-ZIP TAMPA FL 33635

4.1 TITLE Change Addition
 4.2 NAME Steve Queen
 4.3 STREET ADDRESS 8921 Promise Dr
 4.4 CITY-ST-ZIP Tampa FL 33626

TITLE VP DELETE
 NAME CALZON, BENNY
 STREET ADDRESS 9618 FREDRICKSBURG RD
 CITY-ST-ZIP TAMPA FL 33635

5.1 TITLE Change Addition
 5.2 NAME Jeff Keys
 5.3 STREET ADDRESS 8317 Radrive Ave
 5.4 CITY-ST-ZIP Tampa FL 33619

TITLE VPD DELETE
 NAME LEVINSON, SCOTT
 STREET ADDRESS 4809 WYNWOOD
 CITY-ST-ZIP TAMPA FL 33615

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Linda Harrison* SIGNATURE REQUIRED: *Linda Harrison* 4/15/99 813-348-8249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)