

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90126 042 \*\*\*\*70.00

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 739772**

1. Corporation Name  
**THE BOYS' AND GIRLS' CLUBS OF TAMPA BAY, INC.**

Principal Place of Business Mailing Address  
 3020 W. LAUREL ST. 3020 W. LAUREL ST.  
 TAMPA FL 33607 TAMPA FL 33607



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FBI Number
23	City & State	27	City & State		Applied For
24	Zip	28	Zip	5.	Certificate of Status Desired
	Country	29	Country		Not Applicable
		30			\$8.75 Additional Fee Required
				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			
SHEAR, L DAVID 201 E KENNEDY BLVD ST 10000 TAMPA FL 33602		81	Name <b>LEROY D. OFFER</b>		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83	<b>3020 W. Laurel Street</b>		
		84	City <b>TAMPA</b>	85	Zip Code <b>FL 33607</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: [Signature] DATE: **3/29/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	ALESSI, PHIL	1.2 NAME	
STREET ADDRESS	2909 W CYPRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BAKER, DON	2.2 NAME	
STREET ADDRESS	3629 QUEENS PALM DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CAPITANO, NICK	3.2 NAME	
STREET ADDRESS	PO BOX 5751-N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	<del>GGEO</del>	4.1 TITLE	Director
NAME	SHEAR, L. CASEY	4.2 NAME	
STREET ADDRESS	3020 W LAUREL STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	<del>CT</del>	5.1 TITLE	Chairman of Board
NAME	HEVIA, DANIEL	5.2 NAME	
STREET ADDRESS	3020 W LAUREL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<del>GS</del>	6.1 TITLE	Director
NAME	FLORES, GENE	6.2 NAME	
STREET ADDRESS	3020 W LAUREL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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: [Signature] DATE: **3/15/99** (727)898-2727

CR2E037 (1/98)