

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 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 # 700626 (5)
1. Corporation Name
MERRYMAKERS CLUB OF TAMPA, FLORIDA, INCORPORATED



Principal Place of Business Mailing Address
124 DANUBE AVE 124 DANUBE AVE
TAMPA FL 33606 TAMPA FL 33606-3522

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1968		3a. Date of Last Report 03/30/1996	
21		26		4. FEI Number 59-0357533		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	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

RYWANT, MICHAEL S.
4014 PALMIRA
TAMPA FL 33609

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, ROBERT I.	1.2 NAME	
STREET ADDRESS	810 S. BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, CARLTON W	2.2 NAME	Bryant, Donald L.
STREET ADDRESS	105 W HESPERIDES	2.3 STREET ADDRESS	3305 Palmira St.
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIPER, SCOTT L	3.2 NAME	Skinner, Walter D.
STREET ADDRESS	3811 W AZEELE ST	3.3 STREET ADDRESS	4623 San Jose Street
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYANT, DONALD L	4.2 NAME	Piper, Scott L.
STREET ADDRESS	3305 PALMIRA ST	4.3 STREET ADDRESS	84 Davis Blvd #102
CITY-ST-ZIP	TAMPA FL 33629	4.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)