

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

*NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700626 (5)
1. Corporation Name
MERRYMAKERS CLUB OF TAMPA, FLORIDA, INCORPORATED

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

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

3. Date Incorporated or Qualified
12/03/1968
4. FEI Number **59-0357533** 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**
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
**RYWANT, MICHAEL S.
4014 PALMIRA
TAMPA FL 33609**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WATKINS, ROBERT I.	
STREET ADDRESS	610 S. BLVD.	
CITY-ST-ZIP	TAMPA, FL 0	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANTM DONALD, L	
STREET ADDRESS	3305 PALMIRA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SKINNER, WALTER D	
STREET ADDRESS	4623 SAN JOSE ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PIPER, SCOTT L	
STREET ADDRESS	84 DAVIS BLVD #102	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Skinner, Walter Davis II	
1.3 STREET ADDRESS	4623 San Jose St.	
1.4 CITY-ST-ZIP	Tampa, FL 33629	
2.1 TITLE	Vice President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Merrill, R. Searing III	
2.3 STREET ADDRESS	4002 Barcelona St.	
2.4 CITY-ST-ZIP	Tampa, FL 33629	
3.1 TITLE	Secretary/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hakanson, Jeffrey C.	
3.3 STREET ADDRESS	3010 Santiago #18	
3.4 CITY-ST-ZIP	Tampa, FL 33629	
4.1 TITLE	Ass. Secretary/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ketchum, Pete	
4.3 STREET ADDRESS	3002 W. Cleveland St. #D5	
4.4 CITY-ST-ZIP	Tampa, FL 33609	
5.1 TITLE	Ass. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Burnett, Ernest Jr.	
5.3 STREET ADDRESS	11323 Knights Griffin Rd	
5.4 CITY-ST-ZIP	Thonotosassa, FL 33592	
6.1 TITLE	TODD BURNETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	3605 31st St. #100	
6.3 STREET ADDRESS	Tampa, FL 33625	
6.4 CITY-ST-ZIP	Tampa, FL 33602	

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.

SIGNATURE: _____

CR2E037 (10/97)