


FILE NOW: FILING FEE IS \$61.25

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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90010 012 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700626

1. Corporation Name

MERRYMAKERS CLUB OF TAMPA, FLORIDA, INCORPORATED

Principal Place of Business

124 DANUBE AVE
TAMPA FL 33606

Mailing Address

124 DANUBE AVE
TAMPA FL 33606



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/03/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0357533	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		29		8.75 Additional Fee Required	
26		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
27		30		5.00 May Be Added to Fees	

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, WALTER D II	1.2 NAME	
STREET ADDRESS	4623 SAN JOSE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0 33629	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARING, MERRILL R III	2.2 NAME	
STREET ADDRESS	4002 BARCELONA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKANSON, JEFFREY C	3.2 NAME	
STREET ADDRESS	3010 SANTIAGO #18	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETCHUM, PETE	4.2 NAME	
STREET ADDRESS	3002 W CLEVELAND ST #D5	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, ERNEST J	5.2 NAME	
STREET ADDRESS	11323 KNIGHTS GRIFFIN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, TODD	6.2 NAME	
STREET ADDRESS	3605 W EL PRADO	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 813-254-3369

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