

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 AM 7:14

DOCUMENT # 738771 (5)

1. Corporation Name

TAMPA BAY BUC'S BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

2222 BEACH BLVD. S.
GULFPORT FL 33707
US

2222 BEACH BLVD. S.
GULFPORT FL 33707
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1977

3a. Date of Last Report

04/04/1994

4. FEI Number

59-1733447

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3957- Porpoise Dr SE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 St Petersburg

27 S

28 SAME

24 Zip

25 FL 33705

Country

26 US

29 Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STIERWALT, HIRLEY
2222 BEACH BLVD. S.
GULFPORT FL 33707

81 Name

Sheryl Merrill

82 Street Address (P.O. Box Number is Not Acceptable)

3957- Porpoise Dr SE

83

84 City

St Petersburg

FL

85 Zip Code

33705

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Sheryl L. Merrill

SHERYL L. MERRILL

PRESIDENT

3-14-95

(Signature, typed printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME STIERWALT, SHIRLEY
STREET ADDRESS 2222 BEACH BLVD. S.
CITY - ST - ZIP GULFPORT FL

11 TITLE PRESIDENT ☒ Change ☐ Addition
12 NAME SHERYL MERRILL
13 STREET ADDRESS 3957- PORPOISE DR SE
14 CITY - ST - ZIP St Petersburg Fla 33705

TITLE V
NAME LANDER, SHIRLEY
STREET ADDRESS 7930 BAY PT. SPOONVILLE BAY C-19
CITY - ST - ZIP TAMPA FL

21 TITLE Vice - President ☒ Change ☐ Addition
22 NAME Kevin Whelan
23 STREET ADDRESS 1105 - W Charter St
24 CITY - ST - ZIP TAMPA, FL 33602

TITLE S
NAME MERRILL, SHERYL
STREET ADDRESS 3957 PORPOISE DRIVE SE
CITY - ST - ZIP ST. PETERSBURG FL

31 TITLE Secretary ☒ Change ☐ Addition
32 NAME DAVID Palmer
33 STREET ADDRESS 5305 - E 98th Ave
34 CITY - ST - ZIP Temple Terr. Fla 33617

TITLE T
NAME STIERWALT, JOHN
STREET ADDRESS 2222 BEACH BLVD. S.
CITY - ST - ZIP GULFPORT FL

41 TITLE Treasurer ☒ Change ☐ Addition
42 NAME Norman Jones II
43 STREET ADDRESS 5605 - S LOIS AVE
44 CITY - ST - ZIP TAMPA, FL 33616-1120

TITLE D
NAME HENDERLY, NITA
STREET ADDRESS 12928 N. ROME AVE
CITY - ST - ZIP TAMPA FL

51 TITLE DIRECTOR ☒ Change ☐ Addition
52 NAME Pat Minshall
53 STREET ADDRESS 5390 - 7th St So.
54 CITY - ST - ZIP St Petersburg, Fla 33705

TITLE D
NAME GOODWIN, GEORGE
STREET ADDRESS 6708 RUNNINGWOODS DRIVE
CITY - ST - ZIP TAMPA FL

61 TITLE DIRECTOR ☒ Change ☐ Addition
62 NAME Cathy Barololotti
63 STREET ADDRESS 2910 - Pine St
64 CITY - ST - ZIP TAMPA, FL 33607

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sheryl L. Merrill

3-14-95

896-9263

(Signature and typed printed name of signing officer on direction)

Date

(Signature)

896-9263