## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

739772

(2)

THE BOYS' AND GIRLS' CLUBS OF TAMPA BAY, INC.

Principal Place of Business Mailing Address								I COURSE UNDOOR ATTION SOLDS IN BUT IN BUT I	IEG OHOH BIBIF OHOU	UTDIA UT	D)  D18(4 100)
3020 W. LAURE TAMPA FL 3360			3020 W. LAUREL ST. TAMPA FL 33607-5118					y			
								3. Date Incorporated or Qualified 08/01/1977	3a. Date of 02/2	Last Re 1/199	
2. Principal P	lace of Busines	2a. Ma	2a. Mailing Address 26				4. FEI Number 59-0624368	Applied For Not Applicable			
Suite, Apt.	#, etc.	Su 27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	е	Cit	City & State				Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution			
Zip	<del></del>			Zip Counti			,	8. This corporation has liability for intangible tax under s. 199.032,			
24	25   9. Name and Address of Curren			stored Agent				Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9. Name at	id Address of Currer	it Hegistert	id Ağent		81	Name	10. Name and Address of New No	histolog Wholl	<u></u>	
						Ľ.,	1401110				
SHEAR, L DAVID						82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
201 E KENNEDY BLVD ST 10000						83					
tampa i	FL 33602					65					
						B4	City		FL 85	Zip (	Code
11. Pursuant office or r	to the provision registered agen im familiar with.	is of Sections 617.050 it, or both, in the State and accept the oblig	2 and 617.1 of Florida. ations of, Se	1508, Florida State Such change was ection 617.0503, F	utes, the a s authorize lorida Sta	bove d by lutes	e-named cor the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep		ging it	s registered registered
SIGNATURE				· · · · · · · · · · · · · · · · · · ·							Ì
SIGNATURE .	Signature typed or r	punted name of registered age	ent and title if ap	plicable. (No	OTE: Flegislere	d Age	ent signature requ	fred when reinstating)	DATE		
12.		OFFICERS AN	D DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	ECTOR	RS IN 12
TITLE	D			DELETE	1.1 ₹	TLE				hange	Addition
NAME	ALESSI, PI	HIL			1.2 N	AME					
STREET ADDRESS 2909 W CYPRESS			1.3 STREET ADDR			TREET	ADDRESS				
CITY-ST-ZIP	-zip TAMPA FL						ST-ZIP				71000
TITLE	D			DELETE	2.1 T	ITLE				hange	Addition
NAME	BAKER, DON			2.2							Ì
STREET ADDRESS 3629 QUEENS PALM DRIVE				2.3 \$			STREET ADDRESS				
CITY - ST - ZIP	TAMPA FL				2.40	OTY-	ST-ZIP				
TITLE	D			DELETE	3.1 T	ITLE				hange	Addition
NAME	CAPITANO				3.2 N	IAME	Ì				
STREET ADDRESS	PO BOX 5	751 N/A			3.3 S	TREET	T ADDRESS				
CITY-ST-ZIP	TAMPA FL	·			3.4. (	CITY-	ST-ZIP		·		
TITLE	CCEO			DELETE	4.1 T	ITLE				Change	Addition
NAME	SHEAR, L.	CASEY			4.21	NAME					
STREET ADDRESS	3020 W LA	AUREL STREET			4.3 \$	TREET	T ADORESS				
CITY+ST-ZIP	TAMPA FL			_	4.4 0	ITY-S	ST-ZIP				
TITLE	CT			DELETE	5.1 T	ITLE				hange	Addition
NAME	HEVIA, DA	NIEL			5.2 N	IAME					
STREET ADDRESS		AUREL STREET			5.3 \$	TREET	T ADDRESS				
CITY-ST-ZIP	TAMPA FL						ST-ZIP	*			
TITLE	CS			DELETE	. 6.1 T					hange	Addition
NAME	FLORES, 0	GENE			- 1	IAME	}	:			
CIBEST ANDRESS		ALIDEI CYDEET			1		r annares	-			

6.4 CITY-ST-ZIP

TAMPA FL

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.

Daytime Phone # 0047476

**FILED** 

Feb 27 1997 8:00am

Secretary of State