

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25490** (6)  
1. Corporation Name  
**BRANDON BEARS YOUTH FOOTBALL LEAGUE, INC.**



Principal Place of Business <b>1424 DUMOUNT DRIVE VALRICO FL 33594</b>	Mailing Address <b>1424 DUMOUNT DRIVE VALRICO FL 33594</b>	3. Date Incorporated or Qualified <b>03/18/1988</b>
		4. FEI Number <b>59-2936626</b>
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 5720 PROVIDENCE RD</b>	2a. Mailing Address <b>26 P.O. Box 215</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State <b>23 BRANDON, FLORIDA</b>	City & State <b>28 BRANDON, FL</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip <b>24 33511</b>	Zip <b>29 33509-0215</b>	Country
Country	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CLARK, JOSEPH W 4524 SPRING ROAD VALRICO FL 33594</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPOSARO, FRANK G</b>		1.2 NAME <b>RICHARD LYTTLE</b>	
STREET ADDRESS <b>1424 DUMONT DR.</b>		1.3 STREET ADDRESS <b>608 SHADY NOOK DR.</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>		1.4 CITY-ST-ZIP <b>BRANDON FL 33511</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>AHRENS, DOUG</b>		2.2 NAME <b>MATTHEWS, ERNEST</b>	
STREET ADDRESS <b>2214 SPYGLASS HILL</b>		2.3 STREET ADDRESS <b>2205 LAUREL OAK</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>		2.4 CITY-ST-ZIP <b>BRANDON, FLA 33511</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>SA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CLARK, JOSEPH</b>		3.2 NAME <b>LYTTLE, TAMI</b>	
STREET ADDRESS <b>4524 SPRING ROAD</b>		3.3 STREET ADDRESS <b>608 SHADY NOOK DR</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>		3.4 CITY-ST-ZIP <b>BRANDON, FLORIDA 33511</b>	
TITLE <b>SA</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CART, CHERYL</b>		4.2 NAME <b>SPOSARO, GINAR</b>	
STREET ADDRESS <b>757 CALIENTE DRIVE</b>		4.3 STREET ADDRESS <b>1424 DUMONT DR</b>	
CITY-ST-ZIP <b>BRANDON FL 33511</b>		4.4 CITY-ST-ZIP <b>VALRICO, FL 33594</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LYTTLE, RICHARD</b>		5.2 NAME <b>WILLIAM SALLEY</b>	
STREET ADDRESS <b>808 SHADY NOOK DRIVE</b>		5.3 STREET ADDRESS <b>5106 BROKEN SOUND LA</b>	
CITY-ST-ZIP <b>BRANDON FL 33511</b>		5.4 CITY-ST-ZIP <b>VALRICO, FL 33594</b>	
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 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:

*Joseph W Clark* **JOSEPH W CLARK** 6/1/98 813-404-5829

CR2E037 (10/97)