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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N32321** (4)

1. Corporation Name

**BAY AREA RAIDERS FOOTBALL ORGANIZATION, INC.**



Principal Place of Business

Mailing Address

**C/O MICHEAL L. MARTIN  
4319 BAY AVENUE  
TAMPA FL 33616**

**C/O MICHEAL L. MARTIN  
4319 BAY AVENUE  
TAMPA FL 33616**

3. Date Incorporated or Qualified

**05/16/1989**

4. FEI Number

**59-3046854**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 5103 Treasure Circle**

**26 P.O. Box 13382**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Tampa, Florida**

**28 Tampa, Florida**

Zip

Country

Zip

Country

**24 33616**

**25 Hillsborough**

**29 33611**

**30 Hillsborough**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, MICHEAL L.  
4319 BAY AVENUE  
TAMPA FL 33616**

81 Name

**Robert Hernandez**

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

**5103 Treasure Circle**

83

84 City

**Tampa**

**FL**

85 Zip Code

**33616**

11. Pursuant to the provisions of Sections 617.9502 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 on 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 617.003, 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
NAME	<b>MARTIN, MICHAEL L.</b>	
STREET ADDRESS	<b>4319 BAY AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, ROBERT</b>	
STREET ADDRESS	<b>5103 TREASURE CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PALEVEDA, DEBORAH</b>	
STREET ADDRESS	<b>4018 W. PALMIRA ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JENNINGS, LETHA</b>	
STREET ADDRESS	<b>6214 S. CHURCH AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EDGERTON, BARBARA</b>	
STREET ADDRESS	<b>4510 BAY TO BAY BLVD.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Teresa Pietro</b>	
1.3 STREET ADDRESS	<b>5720 S. 1st Street</b>	
1.4 CITY-ST-ZIP	<b>Tampa, Florida 33611</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Robert Hernandez</b>	
2.3 STREET ADDRESS	<b>5103 Treasure Circle</b>	
2.4 CITY-ST-ZIP	<b>Tampa, Florida 33616</b>	
3.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Greg Harlow</b>	
3.3 STREET ADDRESS	<b>3103 Omar Ave</b>	
3.4 CITY-ST-ZIP	<b>Tampa, Florida 33629</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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: **Deborah K. Paleveda** **4-20-98**

CR2E037 (10/97)