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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N45109 (8)
1. Corporation Name
TAMPA BAY CHALLENGERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
11111 LAKE SASSA DR. THONOTASASSA FL 33592
11111 LAKE SASSA DR. THONOTASASSA FL 33592-2654

3. Date Incorporated or Qualified 09/12/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 804 Apache Ct 26 804 Attache Ct
Suite, Apt. #, etc.
22 27
23 TAMPA, FL 28 TAMPA, FL
City & State
24 33613 25 HILLSBOROUGH 29 33613 30 HILLSBOROUGH
Zip Country

4. FEI Number 59-3083384 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALMARK, JACK	
STREET ADDRESS	7202 CENTER DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IRIZARRY, GREG	
STREET ADDRESS	511 INNERGARY PL.	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, DICK	
STREET ADDRESS	2912 RIPPLEWOOD DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTER, DANNY	
STREET ADDRESS	11111 LAKE SASSA DR.	
CITY-ST-ZIP	THONOTASASSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joe Lowery	
1.3 STREET ADDRESS	4502 W. ELM ST.	
1.4 CITY-ST-ZIP	TAMPA, FL 33614	
2.1 TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jim F. Polito	
2.3 STREET ADDRESS	9917 Cypress Shadow Ave.	
2.4 CITY-ST-ZIP	TAMPA, FL 33647	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CINDY GREGORY	
3.3 STREET ADDRESS	804 Attache Ct	
3.4 CITY-ST-ZIP	TAMPA, FL 33613	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Debra deReus	
4.3 STREET ADDRESS	932 Hidden Dr.	
4.4 CITY-ST-ZIP	Lakeland, FL 33809	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mary Dunkin	
5.3 STREET ADDRESS	4611 S. Seneca Ave	
5.4 CITY-ST-ZIP	Tampa FL 33617	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Debbie Meyers	
6.3 STREET ADDRESS	P.O. Box 1781	
6.4 CITY-ST-ZIP	Mango FL 33600	

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.

SIGNATURE: *Debra deReus* DATE: May 13, 1997 DAYTIME PHONE: 859-7392 (941)

CR2E037 (9/96)