

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90103 001 \*\*\*\*69.00

**DOCUMENT # N93000001428**

1. Corporation Name

SEAHAWKS OF TAMPA BAY, INC.

Principal Place of Business

COLEMAN JR. HIGH SCHOOL  
P.O. BOX 13284  
TAMPA FL 33681-3284

Mailing Address

COLEMAN JR. HIGH SCHOOL  
P.O. BOX 13284  
TAMPA FL 33681-3284



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/26/1993

4. FEI Number

59-3208265

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOURASSA, DANIEL C JR.  
3111 FIELDER AVE.  
TAMPA FL 33611

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BOURASSA, DANIEL C JR.**  
STREET ADDRESS **3111 FIELDER AVE.**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☒ DELETE  
NAME **ELLINGWOOD, BILL**  
STREET ADDRESS **4431 LEILA AVE.**  
CITY-ST-ZIP **TAMPA FL 33616**

TITLE **S** ☐ DELETE  
NAME **BURTON, TAMMI**  
STREET ADDRESS **3416 PAXTON AVE**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☐ DELETE  
NAME **SHULIS, TRACY W**  
STREET ADDRESS **4806 CULBREATH ISLES WAY**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ DELETE  
NAME **DOSAL, MARK**  
STREET ADDRESS **4217 MORRISON**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☐ DELETE  
NAME **Kathy Schultz**  
STREET ADDRESS **3415 Belcher DR**  
CITY-ST-ZIP **TAMPA FL 33629**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

2/20/99

813/837-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)