
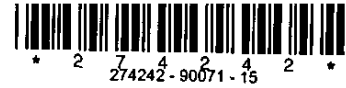


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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine A. Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003019 1. Corporation Name TAMPA BAY STORM BOOSTER CLUB, INC.					
Principal Place of Business 1735 MONTANA AVE NE ST PETERSBURG FL 33703 US			Mailing Address 1735 MONTANA AVE NE ST PETERSBURG FL 33703 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3248815	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROCKMAN, KIM 5301 W. CYPRESS STREET STE 202 TAMPA FL 33607				81 Name <u>Barbara Gentry</u>			
				82 Street Address (P.O. Box Number is Not Acceptable) <u>1735 Montana Ave N.E.</u>			
				83 <u>St. Petersburg,</u>			
				84 City <u>FL</u> 85 Zip Code <u>33703</u>			
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 <u>Barbara K. Gentry</u>				DATE <u>3/24/99</u>			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <u>DO</u> <input checked="" type="checkbox"/> DELETE				1.1 TITLE <u>VP</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <u>PRINS, STEPHEN</u>				1.2 NAME <u>PRINS, STEPHEN</u>			
STREET ADDRESS <u>7224 56TH AVE N</u>				1.3 STREET ADDRESS <u>7224 56TH AVE N</u>			
CITY-ST-ZIP <u>ST PETERSBURG FL 33709</u>				1.4 CITY-ST-ZIP <u>St. Petersburg, FL 33709</u>			
TITLE <u>O</u> <input checked="" type="checkbox"/> DELETE				2.1 TITLE <u>DT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <u>GRIFFIN, JUNE</u>				2.2 NAME <u>GRIFFIN, JUNE</u>			
STREET ADDRESS <u>2503 PRISCILLA CT</u>				2.3 STREET ADDRESS <u>2503 PRISCILLA CT</u>			
CITY-ST-ZIP <u>LUTZ FL 33549</u>				2.4 CITY-ST-ZIP <u>LUTZ, FL 33549</u>			
TITLE <u>D</u> <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <u>GENTRY, BECKY</u>				3.2 NAME			
STREET ADDRESS <u>1735 MONTANA AVE NE</u>				3.3 STREET ADDRESS			
CITY-ST-ZIP <u>ST PETERSBURG FL 33703</u>				3.4 CITY-ST-ZIP			
TITLE <u>D</u> <input checked="" type="checkbox"/> DELETE				4.1 TITLE <u>D</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <u>HICKCOX, HAROLD</u>				4.2 NAME <u>CONNER, JOANNE</u>			
STREET ADDRESS <u>7340 LYNN WOOD AVE N</u>				4.3 STREET ADDRESS <u>9665 Grouland Street North</u>			
CITY-ST-ZIP <u>ST PETERSBURG FL 33710</u>				4.4 CITY-ST-ZIP <u>Seminole, FL 33722</u>			
TITLE <u>SD</u> <input checked="" type="checkbox"/> DELETE				5.1 TITLE <u>PD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <u>GENTRY, BARBARA</u>				5.2 NAME <u>Gentry, Barbara</u>			
STREET ADDRESS <u>1735 MONTANA AVE., NE</u>				5.3 STREET ADDRESS <u>1735 Montana Ave. N.E.</u>			
CITY-ST-ZIP <u>ST PETERSBURG FL 33703</u>				5.4 CITY-ST-ZIP <u>St. Petersburg, FL 33703</u>			
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)