

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 18 1997 8:00am
Secretary of State

DOCUMENT # **N95000003598 (8)**

1. Corporation Name

TOMMY "COCHISE" BROWN BASKETBALL FOUNDATION - WHERE EVERY KID'S A STAR, INC.



Principal Place of Business Mailing Address
**901 34TH AVE. NORTH
SUITE 76063
ST. PETERSBURG FL 33734**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 ST. PL		28		07/31/1995		08/30/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		26 City & State		59-3299333		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		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

10. Name and Address of New Registered Agent

**BROWN, TOMMY
4690 LAUREL OAK LANE N.E.
ST. PETERSBURG FL 33703**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLMES, DELL	
STREET ADDRESS	2454 FAIRWAY LANE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GREENE, VINCE	
STREET ADDRESS	520 BAY LAUREL COURT NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33734	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANCASTER, TOM	
STREET ADDRESS	6370 23RD LANE	
CITY-ST-ZIP	ST. PETERSBURG FL 33734	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	BROWN, CORRINE	
STREET ADDRESS	125 73RD AVE., NORTH #316	
CITY-ST-ZIP	ST. PETERSBURG FL 33734	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, TOMMY	
STREET ADDRESS	4690 LAUREL OAK LANE, NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33734	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OFFICE Manager / Bookkeeper	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MRS. JACKIE MCLEEN	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	ST. PETERSBURG, FLA.	
2.1 TITLE	COUNSELOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MS. THERESA Robinson	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Tampa, FLA.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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: TOMMY "COCHISE" BROWN EX-13-97
SIGNATURE REQUIRED: TOMMY "COCHISE" BROWN/EXECUTIVE DIR

CR2E037 (4/97)