

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000004123 (4)

1. Corporation Name

NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION - T
AMPA BAY CHAPTER, INC.

Principal Place of Business

Mailing Address

315 PLANT AVE.
TAMPA FL 33606

POST OFFICE BOX 82926
TAMPA FL 33682
US



3. Date Incorporated or Qualified

08/28/1995

4. FEI Number

59-3342885

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILES, MARY ANN
315 PLANT AVE.
TAMPA FL 33606

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BELL, GERARD
STREET ADDRESS 201 N. FRANKLIN ST., STE. 3500
CITY-ST-ZIP TAMPA FL 33602 ☒ DELETE

1.1 TITLE PD
1.2 NAME SCOTT BRANTLEY
1.3 STREET ADDRESS 3400 FEATHER SOUND, DR. APT #417
1.4 CITY-ST-ZIP CLEAR WATER, FL. 34622 ☒ Change ☐ Addition

TITLE VD
NAME BRANTLEY, SCOTT
STREET ADDRESS 7201 E. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33610 ☐ DELETE

2.1 TITLE VD
2.2 NAME GERALD NICHOLS
2.3 STREET ADDRESS 7340 REGINA ROYALE
2.4 CITY-ST-ZIP SARASOTA, FL. 34238 ☒ Change ☐ Addition

TITLE SD
NAME SMITH, BARRY
STREET ADDRESS 315 PLANT AVE.
CITY-ST-ZIP TAMPA FL 33606 ☐ DELETE

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

TITLE TD
NAME REGER, JOHN SR.
STREET ADDRESS PO BOX 82926
CITY-ST-ZIP TAMPA FL 33682 ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

JOHN REGER

5-1-98

9/10/98

CR2E037 (10/97)