

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000004123

1. Corporation Name

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

Principal Place of Business  
315 PLANT AVE.  
TAMPA FL 33606

Mailing Address  
POST OFFICE BOX 82926  
TAMPA FL 33682  
US

FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90009 019 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 14028 CAPITOL DR.

27 Suite, Apt. #, etc.

28 City & State

TAMPA FL.

29 Zip

30 33613

Country

US

3. Date Incorporated or Qualified

08/28/1995

4. FEI Number

59-3342885

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

STILES, MARY ANN  
315 PLANT AVE.  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

John REGER

82 Street Address (P.O. Box Number is Not Acceptable)

14028 CAPITOL DR.

83

84 City

TAMPA

FL

85 Zip Code

33613

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

8-11-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BRANTLEY, SCOTT  
STREET ADDRESS 2400 FEATHER SOUND DR APT 417  
CITY-ST-ZIP CLEARWATER FL 34622

DELETE

TITLE VD  
NAME NICHOLS, GERALD  
STREET ADDRESS 7340 REGINA ROYALE  
CITY-ST-ZIP SARASOTA FL 34238

DELETE

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

DELETE

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

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

GERARD BELL

1.3 STREET ADDRESS

8937 MAGNOLIA CHASE

1.4 CITY-ST-ZIP

TAMPA, FL 33647-2220

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

8-11-99

813-961-0148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)