

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004123

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION - TAMPA BAY CHAPTER, INC.

**Current Principal Place of Business:**

3418 WEST NORTH A STREET  
#4  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3418 WEST NORTH A STREET  
#4  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 59-3342885      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HART, HAROLD  
2004 EAST CARACAS ST.  
TAMPA, FL 33610 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: COPR ( ) Delete  
Name: HART, HAROLD  
Address: 2004 EAST CARACAS STREET  
City-St-Zip: TAMPA, FL 33610

Title: 2VP ( ) Delete  
Name: HOLT, JOHN  
Address: 8639 N. HINES AVE., #2716  
City-St-Zip: TAMPA, FL 33614

Title: BMGR ( ) Delete  
Name: MCHALE, TOM  
Address: 5310 AMBROSE CT.  
City-St-Zip: TAMPA, FL 33647

Title: PRES ( ) Delete  
Name: DICKINSON, PARNELL  
Address: 1646 WALLACE ROAD  
City-St-Zip: LUTZ, FL 33549

Title: SEC ( ) Delete  
Name: BROWN, TOM  
Address: 6117 APPROACH ROAD  
City-St-Zip: SARASOTA, FL 34238

Title: 1VP ( ) Delete  
Name: HARRELL, JAMES  
Address: 19222 FISHERMAN'S BEND DRIVE  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD HART

COPR

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date