

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000005295 (9)

1. Corporation Name

BAY AREA CHEERLEADER ASSOCIATION INC.

Principal Place of Business

Mailing Address

3816 WEST SLIGH AVE
TAMPA, FL 33614

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TAMPA, FL 33614

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 3816 WEST SLIGH AVE

26 3816 WEST SLIGH AVE

11/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3353678

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 TAMPA, FL

28 TAMPA, FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 33614

25 USA

29 33614

30 USA

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, DAVID K. JR.
1456 BRIARWOOD CT.
SAFETY HARBOR, FL 34695

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

David K. Young, Jr.

DAVID K. YOUNG, JR.

11/12/1999

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YOUNG, DAVID K. JR.
STREET ADDRESS 1456 BRIARWOOD CT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

1.1 TITLE VD
1.2 NAME WEBER, WILLIAM D
1.3 STREET ADDRESS 2406 KENWICK DR
1.4 CITY-ST-ZIP VANRICO, FL 33594

TITLE D
NAME LAMHORNE, CRAIG
STREET ADDRESS 8050 FAIRBRIER CIRCLE
CITY-ST-ZIP TAMPA, FL 33610

2.1 TITLE D
2.2 NAME DAYTON, KEN
2.3 STREET ADDRESS 820 SO. WESTSHORE BLVD
2.4 CITY-ST-ZIP TAMPA, FL 33609

TITLE SD
NAME GARCIA, PATTY
STREET ADDRESS 4403 NORTH A STREET
CITY-ST-ZIP TAMPA, FL 33609

3.1 TITLE D
3.2 NAME HERZIG, SUZIE
3.3 STREET ADDRESS 1736 PINE HILL CT
3.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE TD
NAME YOUNG, TONI L
STREET ADDRESS 1456 BRIARWOOD CT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

4.1 TITLE D
4.2 NAME BARCENA, RON
4.3 STREET ADDRESS 11207 INDIAN CREEK DR
4.4 CITY-ST-ZIP TAMPA, FL 33625

TITLE D
NAME JIMENEZ, GARY G
STREET ADDRESS 3816 WEST SLIGH AVE
CITY-ST-ZIP TAMPA, FL 33614

5.1 TITLE D
5.2 NAME JIMENEZ, GARY G
5.3 STREET ADDRESS 3816 WEST SLIGH AVE
5.4 CITY-ST-ZIP TAMPA, FL 33614

TITLE D
NAME TINDALL, LORI
STREET ADDRESS 23421 TRADWINDS DR
CITY-ST-ZIP LAND O LAKES, FL 34639

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

David K. Young, Jr.

11/12/1999

(727) 797-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)