

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N34021 (8)
1. Corporation Name
THE TAMPA BAY MALE CLUB, INC.

Principal Place of Business Mailing Address
P O BOX 173143 TAMPA FL 33672-1143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/05/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3038370** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRISON, ROBERT B., JR.
334 S HYDE PARK AVE
TAMPA FL 33608**

81 Name **ESSIE M THOMPSON**
82 Street Address (P.O. Box Number is Not Acceptable) **1101 R. FLEETEST AVE**
83
84 City **VALRICO** FL 85 Zip Code **33594**

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 *Essie M Thompson* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WIGGINS, PAUL
STREET ADDRESS	3413 E KNOLLWOOD
CITY - ST - ZIP	TAMPA FL
TITLE	VP
NAME	CHRISTIAN, DAVID
STREET ADDRESS	11944 SKYLAKE PLACE
CITY - ST - ZIP	TAMPA FL
TITLE	P
NAME	REDHEAD, MICHAEL
STREET ADDRESS	MONY, 3030 N ROCKY POINT DR, W
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	WATTS, RANDY
STREET ADDRESS	8927 BEELER DR
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	BREWER, WALTER
STREET ADDRESS	8234 GREENLEAF CIRCLE
CITY - ST - ZIP	TAMPA FL
TITLE	PA
NAME	WALKER, DUANE
STREET ADDRESS	100 N TAMPA ST, SUITE 3300
CITY - ST - ZIP	TAMPA FL

1.1 TITLE	CHAIRMAN, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WIGGINS, PAUL
1.3 STREET ADDRESS	3413 E. KNOLLWOOD
1.4 CITY - ST - ZIP	TAMPA, FL. 33610
2.1 TITLE	VICE PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHRISTIAN, DAVID
2.3 STREET ADDRESS	11944 SKYLAKE PLACE
2.4 CITY - ST - ZIP	TAMPA, FL 33617
3.1 TITLE	PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	REDHEAD, MICHAEL
3.3 STREET ADDRESS	MONT, 3030 N, ROCKY PT. DR., W.
3.4 CITY - ST - ZIP	TAMPA, FL. 33607
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	TREASURER - DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT A. MONROE
5.3 STREET ADDRESS	1206 PARRILLA DE AVILA
5.4 CITY - ST - ZIP	TAMPA FL. 33613-1081
6.1 TITLE	800001841968
6.2 NAME	-05/29/96--01021--001
6.3 STREET ADDRESS	***70.00
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *R. Monroe* Date: **5/1/96** (813) 960-9052 Daytime Phone #

CR2E037 (3/95)