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Jun 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34021 (8)
1. Corporation Name
THE TAMPA BAY MALE CLUB, INC.



Principal Place of Business P O BOX 173143 TAMPA FL 33672-1143 US	Mailing Address P O BOX 173143 TAMPA FL 33672-1143 US
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3. Date Incorporated or Qualified 09/05/1989	3a. Date of Last Report 05/28/1996
4. FEI Number 59-3038370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
**THOMPSON, ESSIE M
1101 RIFLECREST AVE
VALRICO FL 33594**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, PAUL	1.2 NAME	
STREET ADDRESS	3413 E KNOLLWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, DAVID	2.2 NAME	CHRISTIAN, DAVID
STREET ADDRESS	11944 SKYLAKE PLACE	2.3 STREET ADDRESS	11944 SKYLAKE PLACE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL.
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDHEAD, MICHAEL	3.2 NAME	REDHEAD, MICHAEL
STREET ADDRESS	MONY, 3030 N ROCKY POINT DR, W	3.3 STREET ADDRESS	MONY, 3030 N. ROCKY POINT DR, W,
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL.
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, RANDY	4.2 NAME	
STREET ADDRESS	8927 BEELER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, ROBERT A	5.2 NAME	MONROE, ROBERT A.
STREET ADDRESS	1206 PARRILLA DE AVILA	5.3 STREET ADDRESS	1206 PARRILLA DE AVILA
CITY-ST-ZIP	TAMPA FL 33613-1081	5.4 CITY-ST-ZIP	TAMPA, FL 33613-1081
TITLE	PA <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, RANDY	6.2 NAME	WATTS, RANDY
STREET ADDRESS	8927 BEELER DRIVE	6.3 STREET ADDRESS	8927 BEELER DRIVE
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA, FL.

14. I do 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: _____ DATE: **4/24/97** 813-960-9052

CR2E037 (9/96)