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May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 <b>09/05/1989</b>	
4. FEI Number <b>59-3038370</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<del>President</del> CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, PAUL	1.2 NAME	Steve Whitter
STREET ADDRESS	3413 E KNOLLWOOD	1.3 STREET ADDRESS	11711 Nicklaus Cir
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, DAVID	2.2 NAME	JOHN HARRELL
STREET ADDRESS	11944 SKYLAKE PLACE	2.3 STREET ADDRESS	4326 MIDDLE LAKE DR
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDHEAD, MICHAEL	3.2 NAME	LARRY BOOTH
STREET ADDRESS	MONY, 3030 N ROCKY POINT DR, W	3.3 STREET ADDRESS	11504 EAST QUEENWAY DR
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Temple Terrace, FL 33637
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	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, ROBERT A	5.2 NAME	
STREET ADDRESS	1206 PARRILLA DE AVILA	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, RANDY	6.2 NAME	Tony Gamble
STREET ADDRESS	8927 BEELER DRIVE	6.3 STREET ADDRESS	4915 Dewey Rose Ct
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA, FL 33624

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.

SIGNATURE: *Tony Gamble* 4-21-98 Treasurer  
813-247-3322

CR2E037 (10/97)