


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90096 029 \*\*\*\*70.00

**DOCUMENT # N02000003904**

1. Entity Name  
**NEW TAMPA WILDCATS - GREATER TAMPA, INC.**



Principal Place of Business  
**8512 N MITCHELL AVE  
 TAMPA, FL 33604**

Mailing Address  
**P.O. BOX 47116  
 TAMPA, FL 33647**

2. Principal Place of Business - No P.O. Box #  
**8472 DUNHAM STATION DR**


3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**TAMPA Florida**

City & State  
 Suite, Apt. #, etc.

Zip  
**336047**

Country  
**USA**



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3632391**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRISCOLL, ALYSON B  
 5206 IVES CT  
 TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name  
**FLEMON THOMPSON**

Street Address (P.O. Box Number is Not Acceptable)  
**8472 DUNHAM STATION DR.**

City  
**TAMPA**

State  
**FL**

Zip Code  
**336047**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Flemon Thompson - Treasurer** DATE **1-12-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BERG, RICHARD 6418 RENWICK CIR TAMPA, FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VAN HORN, CONSTANCE 10211 WATERSIDE OAK DR TAMPA, FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DRISCOLL, ALYSON B P.O. BOX 47116 TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER FLEMON THOMPSON 8472 DUNHAM STATION DR. TAMPA, FL 33647</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Flemon Thompson** DATE **1-12-07** DAYTIME PHONE # **813-973-7602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #