

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 21, 2005**  
**Secretary of State**

DOCUMENT# 710531

**Entity Name:** THE TAMPA JAYCEES, INC.**Current Principal Place of Business:**3014 WEST HORATIO STREET  
TAMPA, FL 336094122 US**New Principal Place of Business:**5521 WEST CYPRESS STREET  
SUITE 101  
TAMPA, FL 33607 US**Current Mailing Address:**P.O. BOX 75819  
TAMPA, FL 336750819 US**New Mailing Address:**5521 WEST CYPRESS STREET  
SUITE 101  
TAMPA, FL 33607 US**FEI Number:** 59-0536835**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOOS, ANDREW J  
3014 WEST HORATIO STREET  
TAMPA, FL 336094122 US**Name and Address of New Registered Agent:**SHIELDS, DARREN  
5521 WEST CYPRESS STREET  
SUITE 101  
TAMPA, FL 33607 US

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.

SIGNATURE: DARREN SHIELDS

04/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHIELDS, DARREN  
Address: 4307 WOODSIDE MANOR DRIVE  
City-St-Zip: TAMPA, FL 33624 US

Title: VPD ( ) Delete  
Name: KALLWEIT, JAMES  
Address: 5303 REFLECTIONS CLUB DRIVE, UNIT 202  
City-St-Zip: TAMPA, FL 33618 US

Title: VPD ( ) Delete  
Name: HARRIS, TINA  
Address: 4610 NORTH ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33606 US

Title: VPD ( ) Delete  
Name: ROUSE, CHRISTINE  
Address: 12424 BERKELEY SQUARE DRIVE  
City-St-Zip: TAMPA, FL 33626 US

Title: SD ( ) Delete  
Name: O'NEIL, KATIE  
Address: 114 TERRACE N  
City-St-Zip: SEMINOLE, FL 33778 US

Title: TD ( ) Delete  
Name: JOHNSON, JIM  
Address: P. O. BOX 26453  
City-St-Zip: TAMPA, FL 33623 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN SHIELDS, PRESIDENT

P

04/21/2005

Electronic Signature of Signing Officer or Director

Date