


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90161 038 ****61.25

DOCUMENT # 710531 1. Entity Name THE TAMPA JAYCEES, INC.					
Principal Place of Business 5521 WEST CYPRESS STREET SUITE 101 TAMPA, FL 33607 US			Mailing Address 5521 WEST CYPRESS STREET SUITE 101 TAMPA, FL 33607 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0536835	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHIELDS, DARREN 5521 WEST CYPRESS STREET SUITE 101 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Darren K Shields</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD SHIELDS, DARREN 4307 WOODSIDE MANOR DRIVE TAMPA, FL 33624	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JASON RICHARDS 11685 8TH LANE N, #7 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KALLWEIT, JAMES 5303 REFLECTIONS CLUB DRIVE, UNIT 202 TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WILLIAM MERCHANT 8837 CAMERON CREST DR TAMPA, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HARRIS, TINA 4610 NORTH ARMENIA AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JACKIE CERMOLO 210 N BEVERLY TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROUSE, CHRISTINE 12424 BERKELEY SQUARE DRIVE TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WENDY ROBBINS 410 TREASURE CIR TAMPA, FL 33616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'NEIL, KATIE 114 TERRACE N SEMINOLE, FL 33778	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, JIM P. O. BOX 26453 TAMPA, FL 33623	<input type="checkbox"/> Delete	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: <u><i>Jim Johnson</i></u> JIM JOHNSON <u>3/6/06</u> <u>813-288-1606</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					