2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 10, 2009 **DOCUMENT#710531** Secretary of State

Entity Name: THE TAMPA JAYCEES, INC.

Current Principal Place of Business: New Principal Place of Business:

3601 W HORATIO ST 5820 N CHURCH AVE UNIT 461 TAMPA, FL 33609 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

PO BOX 20783

TAMPA, FL 336220783 US

FEI Number: 59-0536835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSSE, RENE CABRERO, ESTELA 3601 W HORATIO ST 5820 N CHURCH AVE UNIT 461

TAMPA, FL 33614 TAMPA, FL 33609

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: ESTELA CABRERO 12/10/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

CABRERO, ESTELA Name: Name: 5820 N CHURCH AVE UNIT 461 Address: Address:

City-St-Zip: TAMPA, FL 33614 US City-St-Zip:

Title: () Delete Title: () Change () Addition Name: KALLWEIT, JAMES Name:

Address: 5820 N CHURCH AVE UNIT 461 Address: City-St-Zip: TAMPA, FL 33614 US City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

PORRECA, TINA Name: Name: 16539 LAKE BRIGADOON CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33618 US City-St-Zip:

Title: TD (X) Delete Title: () Change () Addition

Name: BUSSE, RENE Name: Address: 3601 W HORATIO ST Address: City-St-Zip: TAMPA, FL 33609 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ESTELA CABRERO PD 12/10/2009