## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007819

Entity Name: TAMPA JAGUARS CLUB, INC.

FILED Jan 30, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4212 N. EDDY DR TAMPA, FL 33603 **Current Mailing Address: New Mailing Address:** P.O. BOX 291434 TEMPLE TERRACE, FL 33687 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CROMARTIE, LARRY 4712NEDDY DR TAMPA, FL 33603 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP **PRES** (X) Change ( ) Addition () Delete CROMARTIE, LARRY CROMARTIE, LARRY Name: Name: 4712 N EDDY DR. Address: 4716 N . EDDY DRIVE Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: TAMPA, FL 33601 Title: DT () Delete Title: (X) Change ( ) Addition CLARK, JANICE Name: LOCKLY, STEPHANIE Name: Address: 5907 SILVER RUN DR. #202 Address: 4217 E. CLIFTON STREET

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Title: BM/S () Delete TYSON, STEPHANIE Name:

Address: 8520 N MULBERRY ST City-St-Zip: TAMPA, FL 33604

TAMPA, FL 33617

Title: () Delete Name:

City-St-Zip: Title:

() Delete

Name: Address: City-St-Zip:

Address:

City-St-Zip:

VALRICO, FL 33594 Title: CHAP ( ) Change (X) Addition

SCOTT, CHRISTOPHER 2910 CLOVERFIELD LANE

TAMPA, FL 33610

SCOTT, MURIEL

VALRICO, FL 33594

2910 CLOVERFIELD LANE

(X) Change ( ) Addition

( ) Change (X) Addition

TREA

GM

LOCKLY, ERNEST Name: 4217 E. CLIFTON STREET Address: City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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: MURIEL SCOTT **TREA** 01/30/2006