


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90001 049 ****61.25

DOCUMENT # N03000002988 1. Entity Name NORTH EAST TAMPA PIRATES INC.					
Principal Place of Business 4025 E. MILLER AVE. TAMPA, FL 33617			Mailing Address 4025 E. MILLER AVE. TAMPA, FL 33617		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKNEL, JAMES L 4025 E. MILLER AVE. TAMPA, FL 33617				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25. Due by September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKNEL, JAMES		NAME		
STREET ADDRESS	4025 E. MILLER AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDY, PALVIA		NAME	WALLER, TERRENCE	
STREET ADDRESS	4025 E. MILLER AVE		STREET ADDRESS	9901 N. 20th AVE	
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP	Tampa FL 33612	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLER, ANDREA		NAME		
STREET ADDRESS	9901 N. 20TH AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOWLOW, LIZ		NAME	M. CHELSE FORD	
STREET ADDRESS	4025 E. MILLER AVE		STREET ADDRESS	6205 124th AVE	
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP	Tampa FL 33612	
TITLE	COMM	<input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLER, TERRENCE		NAME	SELENA WILLIAMS	
STREET ADDRESS	9901 N. 20TH ST		STREET ADDRESS	8700 N. 50th St #405	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	Tampa FL 33617	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>James Becknel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>June 20, 2006</u> Daytime Phone #: <u>813-985-084</u>		

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Disaster Relief EIN # 59-3757314