

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90078 007 ****70.00

DOCUMENT # N10810						
1. Entity Name THE JUNIOR BUCCANEERS YOUTH FOOTBALL BOOSTER ORGANIZATION, INC.						
Principal Place of Business P.O. BOX 262744 TAMPA, FL 33685			Mailing Address P.O. BOX 262744 TAMPA, FL 33685			
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 59-2702577		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
MOODY, STANLEY 1920-A KENWERTH DR 1905 BELLE CHASE Circle TAMPA, FL 33621 33634			Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$61.25 Due by May 1, 2005		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 AD	NAME MOODY, STANLEY		<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	1920-A KENWERTH DR		STREET ADDRESS 	1905 BELLE CHASE Circle		
CITY-ST-ZIP 	TAMPA, FL 33621		CITY-ST-ZIP 	TAMPA, FL 33634		
TITLE S	NAME TRINCHET, SHEILA		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	5606 TOWN-N-COUNTRY BLVD		STREET ADDRESS 			
CITY-ST-ZIP 	TAMPA, FL 33615		CITY-ST-ZIP 			
TITLE P	NAME RICHARDSON II, RADFORD		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	11010 STREAMSIDE DR.		STREET ADDRESS 			
CITY-ST-ZIP 	TAMPA, FL 33624		CITY-ST-ZIP 			
TITLE T	NAME CINDY, BOBBIE		<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	12927 VICKSBURG DRIVE		STREET ADDRESS 	BOBBIE, Lucinda		
CITY-ST-ZIP 	TAMPA, FL 33621		CITY-ST-ZIP 			
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 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 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: <i>Stanley Moody</i> STANLEY Moody				7 March 05 813 880-0088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		