

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

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**



03152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2702577

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOODY, STANLEY
1905 BELLE CHASE CIRCLE
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000476511
04/06/06-80014-011 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD MOODY, STANLEY 1905 BELLE CHASE CIRCLE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRINCHET, SHEILA 5606 TOWN-N-COUNTRY BLVD TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RICHARDSON II, RADFORD 11010 STREAMSIDE DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BODDIE, LUCINDA 12927 VICKSBURG DRIVE TAMPA, FL 33621
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Stanley Moody **STANLEY MOODY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 March 06 (813) 880-0088
Date Daytime Phone #