2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90100 045 ****70.00

DOCUMENT # N10810 1. Entity Name THE JUNIOR BUCCANEERS YOUTH FOOTBALL BOOSTER ORGANIZATION, INC.								02-03-2	<i>507 5</i> 0	,1000	45	0.00
P.O. BOX 262744 P.O			Mailing Address P.O. BOX 262744 TAMPA, FL 33685									
2. Principal P	face of Business - No P.O. Box #	3. Mailing A	ddress									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·		01302007	Chg-NP	(CR2E03	37 (12/06)	
City & State		City & State					4. FEI Numb		•			pplied For ot Applicable
Zip	Zip Country		Zip		Country		5. Certificate	of Status Desi	red	×	\$8.75 Ad Fee Requin	ditional
	6. Name and Address of Current	Registered Ag	ent		<u> </u>		7. Name and	Address of N	lew Reg	istered /	Agent	
			-		Name							
MOODY, STANLEY 1905 BELLE CHASE CIRCLE TAMPA, FL 33634					Street Address (P.O. Box Number is Not Acceptable)							
	2 33034				City						Zip Co	1 0
	• •				City					FL	- Zip Coi	u o
	named entity submits this statement to lions of registered agent.	or the purpose o	f changing its	registere	ed office or	r register	ed agent, or bo	oth, in the State	of Florid	ia. Iam	familiar with	, and accept
SIGNATURE .												
ļ :	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE	Registere	ed Agent signat	ure required	when reinstating)			DATE		
	Signature, typed or pointed name of registered agent Filling Fee 1s \$61.25 Due by May 1, 2007		(NOTE Election Carr Trust Fund C	npaign F		ure required	\$5.00 May Added to Fees			e chec	k payable tment of S	
10.	Filing Fee)s \$61.25	9.	. Election Can	npaign F	Financing tion.		\$5.00 May Added to Fees		Florida	e chec	tment of S	itate
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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 three 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: