
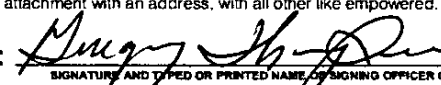


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90001 040 ****61.25

| | | | | | |
|--|-------------------|--|---|---|--|
| DOCUMENT # N96000000498 1. Entity Name TAMPA BAY JAGUARS YOUTH FOOTBALL ORGANIZATION, INC. | | | |  | |
| Principal Place of Business 5901 N. 34TH ST TAMPA, FL 33610 | | | Mailing Address 5901 N. 34TH ST TAMPA, FL 33610 | | |
| 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 31-1468489 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent THOMPSON, GREGORY 5901 N. 34TH ST TAMPA, FL 33610 | | | 7. Name and Address of New Registered Agent 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) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THOMPSON, GREGORY | | NAME | | |
| STREET ADDRESS | 5901 N. 34TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33610 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCOTT, GERALD | | NAME | | |
| STREET ADDRESS | PO BOX 16363 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33677 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SIMMONS, HOLLIC | | NAME | | |
| STREET ADDRESS | PO BOX 16363 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33677 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | YOUNG, LUCIANNA | | NAME | | |
| STREET ADDRESS | PO BOX 16363 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33677 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BEMBRY, ROOSEVELT | | NAME | Washington, Syblie | |
| STREET ADDRESS | PO BOX 16363 | | STREET ADDRESS | P.O. Box 16363 | |
| CITY-ST-ZIP | TAMPA, FL 33677 | | CITY-ST-ZIP | TAMPA, FL 33677 | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROBINSON, WALTER | | NAME | Bembry, Roosevelt | |
| STREET ADDRESS | PO BOX 16363 | | STREET ADDRESS | P.O. Box 16363 | |
| CITY-ST-ZIP | TAMPA, FL 33677 | | CITY-ST-ZIP | TAMPA, FL 33677 | |
| 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:  | | | 3-31-06 (813) 293-7632 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |