


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90116 012 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1468489	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, GREGORY 5901 N. 34TH ST TAMPA, FL 33610			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 May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, HOLLIS		NAME	Secretary Simmons, Hollis	
STREET ADDRESS	PO BOX 16363		STREET ADDRESS	P.O. Box 16363	
CITY-ST-ZIP	TAMPA, FL 33677		CITY-ST-ZIP	TAMPA, FL 33687	
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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, SYBLIE		NAME	Treasurer Shannon Galford	
STREET ADDRESS	PO BOX 16363		STREET ADDRESS	P.O. Box 16363	
CITY-ST-ZIP	TAMPA, FL 33677		CITY-ST-ZIP	TAMPA, FL 33687	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEMBRY, ROOSEVELT		NAME		
STREET ADDRESS	POB 16363		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33677		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>Mary J. Thompson</u> Gregory Thompson 4-24-07 (813) 293-7682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #</small>					