

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000498

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** TAMPA BAY JAGUARS YOUTH FOOTBALL ORGANIZATION, INC.

**Current Principal Place of Business:**

5901 N. 34TH ST  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5901 N. 34TH ST  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 31-1468489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, GREGORY  
5901 N. 34TH ST  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THOMPSON, GREGORY  
Address: 5901 N. 34TH ST  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: SCOTT, GERALD  
Address: PO BOX 16363  
City-St-Zip: TAMPA, FL 33677

Title: S ( ) Delete  
Name: SIMMONS, HOLLIS  
Address: PO BOX 16363  
City-St-Zip: TAMPA, FL 33677

Title: S ( ) Delete  
Name: YOUNG, LUCIANNA  
Address: PO BOX 16363  
City-St-Zip: TAMPA, FL 33677

Title: T ( ) Delete  
Name: GALFORD, SHANNON  
Address: PO BOX 16363  
City-St-Zip: TAMPA, FL 33677

Title: C ( ) Delete  
Name: BEMBRY, ROOSEVELT  
Address: POB 16363  
City-St-Zip: TAMPA, FL 33677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: KING, JONI  
Address: PO BOX 16363  
City-St-Zip: TAMPA, FL 33677

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY THOMPSON

T

04/21/2008

Electronic Signature of Signing Officer or Director

Date