

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000498

FILED
Apr 01, 2009
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: KING, JONI
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: D (X) Change () Addition
Name: SCOTT, GERALD
Address: PO BOX 11574
City-St-Zip: TAMPA, FL 33680

Title: S (X) Change () Addition
Name: SIMMONS, HOLLIS
Address: PO BOX 11574
City-St-Zip: TAMPA, FL 33680

Title: S (X) Change () Addition
Name: YOUNG, LUCIANNA
Address: PO BOX 11574
City-St-Zip: TAMPA, FL 33680

Title: T (X) Change () Addition
Name: TATE, FRAN
Address: PO BOX 11574
City-St-Zip: TAMPA, FL 33680

Title: C (X) Change () Addition
Name: JONES, KEITH
Address: POB 11574
City-St-Zip: TAMPA, FL 33680

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

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date