2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004
Secretary of State

DOCUMENT# N98000007045

Entity Name: WEST TAMPA LITTLE LEAGUE CORPORATION

Current Principal Place of Business:

2000 JAMAICA ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

PO BOX 4226
TAMPA, FL 33677

New Mailing Address:

FEI Number: 59-3548809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAN, ANTHONY
3010 SPRUCE ST
TAMPA, FL 33607 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:	P	( ) Delete
Name:	MORAN, ANTHONY	
Address:	3010 SPRUCE ST	
City-St-Zip:	TAMPA, FL 33607	
Title:	V	( ) Delete
Name:	SCHNITZLER, SHEREE	
Address:	3510 SEVILLA ST	
City-St-Zip:	TAMPA, FL 33629	
Title:	T	( ) Delete
Name:	BALUJA, MIKE	
Address:	611 N LINCOLN AVE	
City-St-Zip:	TAMPA, FL 33606	
Title:	S	( ) Delete
Name:	VILLA, MISSY	
Address:	209 N LINCOLN AVE	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	COLLINS, THERESA	
Address:	1012 W CORAL STREET	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	RODRIGUEZ, PETE	
Address:	3011 SAN JOSE ST	
City-St-Zip:	TAMPA, FL 33629	

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY MORAN PRES 07/08/2004

Electronic Signature of Signing Officer or Director — Date