

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 711062**

1. Entity Name  
INTERBAY LITTLE LEAGUE, INC.



Principal Place of Business  
6901 MACDILL AVE  
TAMPA, FL 33611 US

Mailing Address  
4207 S DALE MABRY HIGHWAY  
#11307  
TAMPA, FL 33611 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

**FILED**  
09 MAY 22 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100156315661  
05/22/09--01010--019 \*\*297.50

**REINSTATEMENT** 08-09

6. Name and Address of Current Registered Agent  
ROBERTS, ALICIA A  
4207 S. DALE MABRY HIGHWAY  
#11307  
TAMPA, FL 33611

4. FEI Number  
52-1234532

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name Christina Anderson  
Street Address (P.O. Box Number is Not Acceptable)  
2801 W Ballast Pt. Blvd.  
City Tampa FL Zip Code 33611

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 Christina Anderson DATE 5/18/09  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$297.50**

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODLEE, JAMIE 3140 WEST VARN AVENUE TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANDERSON, CHRISTINA 2801 W. Ballast Pt. Blvd. Tampa, FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, AVA 6901 MACDILL AVENUE TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer WIAN, ANNIE 3918 OHIO AVE TAMPA FL 33616 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, ALICIA A 4207 S DALE MABRY HIGHWAY #11307 TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OF BASEBALL/ASST. TREAS. ANDERSON, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Christina Anderson DATE 5/18/09 (813) 476-3029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #