## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2004 8:00 am Secretary of State

Filting Fee is S61.25 Due by May 1, 2004  B. This above named entity systemis this statement for the purpose of changing its registered dollice or registered agent, or both, in the State of Fordia Department of State State Agent, 1, 2005  B. This above named entity systemis this statement for the purpose of changing its registered dollice or registered agent, or both, in the State of Fordia Department of State State Agent, 2, 2005  B. This above named entity systemis this statement for the purpose of changing its registered agent, or both, in the State of Fordia Department of State State Agent or Fordia Properties agent or the purpose of changing its registered agent, or both, in the State of Fordia Department of State State Agent or Fordia Properties agent or Fordia Properties agent or Fordia Properties agent or Fordia Department of State State Agent Agent Ordina Department	DOCUMENT # 716207  1. Entity Name CITRUS PARK LITTLE LEAGUE, INC.				02	4-20-2004 90019 02 <i>6</i>	5 ****/	0.00
Suite, Apt. #, etc.	7506 GUNN HIGHWAY P. O. BOX 341574			67 US		ያሁያል	LUUI	J
Suite, Apt. #, etc.								
City & State  Ci	Principal Place of Business     3.		3. Mailing Address	3. Mailing Address		<u>                                     </u>		
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052004 Chg	j-NP CR2E037 (	10/03)	
Section   Country   Section   Sect	City & State		City & State		4. FEI Number 52-1286855	i	<del></del>	
SKELTON, PATRICK W 400 NASHLEY BLVD. Street Address (P.O. Box Numbers has Acceptable) Surfe 2000 TAMPA, FL 33624  8. The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registering agent.  SIGNATURE  Surfe Agent Agent agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida Egent with, and accept the obligations of registered agent, or born, in the State of Florida Egent with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida.  International State of Florida Egent Agent agent and the state of Florida Egent Agent ag	Zip Country		Zip Country		5 Certificate of Status Desired Y \$8.75 Additional			
SKELTON, PATRICK W   Skelton   100 N. Tampa Street   100 N. Tamp	<u> </u>	6. Name and Address of Current I	Registered Agent		7. Name and Addre			<u> </u>
TAMPA, FL 33624    100 N. Tampa Street   Suite 4100	SKELTON,	PATRICK W	Pat	Patrick W. Skelton				
TAMPA, FL 33624  Suite 4100  City Tampa FL 23602  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and site if applicable.  Filing Fee is \$61.25  Due by May 1, 2004  Piling Fee is \$61.25  Piling Fee is \$61.25	TOO THE TOURS							
8. The above named entity sybmits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title if applicable.    Command   Comman					-			
8. The above named onling sybmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registred agent.  SIGNATURE  SIGNATURE  SUPPLY SUPPLY AND THE SUPPLY ADDITIONS OF PROBLEMS AGENT AGENT SUPPLY ADDITIONS OF PROBLEMS AGENT SUPPLY ADDITIONS OF PROBLEMS AGENT SUPPLY AGENT AGENT AGENT SUPPLY AGENT AGEN				City		FL	Zip Code	12
SIGNATURE    Signature			the purpose of changing its		tered agent, or both, in th	ne State of Florida. I am fam		
Signature, regard of printed name of registered agent and title il appticable. (NOTE: Registered Agent signature required when renotating)   DATE	me obligati	ons or registered agent.					*	
Filing Fee is \$61.25 Due by May 1, 2004  10. OFFICERS AND DIRECTORS  TITLE MAKE HUBBELL, DAVID SIREF ADDESS CITY-S1-2P UILTZ, FL 33549  Delete MAKE WILT, DIANA WILT, DIANA WILT, DIANA SIREF ADDRESS CITY-S1-2P TITLE T	SIGNATURE .	1 . w. /2	<u>'                                     </u>			<del></del>	04	
Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PD Delate TRUE HUBBELL, DAVID SIRECT ADDRESS CITY-ST-2P CITY-ST-		Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE	E: Registered Agent signature requ	red when reinstating)	DATE		
TITLE	}	Filing Fee is \$61.25	0. 514/ 0	9. Election Campaign Financing Trust Fund Contribution.  Ad				
NAME STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549  TITLE SD WILT, DIANA MAKE WILT, DIANA STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33625  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624  TITLE NAME BOWMAN, AL STREET ADDRESS CITY-ST-ZIP TITLE VD MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME BOWMAN, AL STREET ADDRESS CITY-ST-ZIP TITLE VD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VD Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VD Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS		•			\$5.00 May Be Added to Fees			
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TITLE	TITLE	Due by May 1, 2004  OFFICERS AND DIF	Trust Fund C	11.		Florida Department of the Property of the Prop	ent of Sta	10
NAME	TITLE NAME STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIF PD HUBBELL, DAVID 3425 VALLEY RANCH DR.	Trust Fund C	11. TITLE NAME STREET ADDRESS		Florida Department of the Property of the Prop	ent of Sta	10
CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004  OFFICERS AND DIF PD HUBBELL, DAVID 3425 VALLEY RANCH DR. LUTZ, FL 33549	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida Departmons TO OFFICERS AND DIRECT	ent of Sta CTORS IN Change	ate  10  Addition
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CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under path; that I am an officer or director.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIF PD HUBBELL, DAVID 3425 VALLEY RANCH DR. LUTZ, FL 33549 SD WILT, DIANA 4915 PENNSBURY DR. TAMPA, FL 33625 TD SKELTON, JOANNE 4720 DEERWALK LN TAMPA, FL 33624 VD BOWMAN, AL 5912 HAMMOCK WOODS DR ODESSA, FL 33556 VD GOLDSTEIN, JEFF 15917 BRIDGEWATER LN TAMPA, FL 33624 VD SINGLETON, DAVID 1919 FLORETTA VIEW DR.	Trust Fund C  ECTORS  Delete  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida Departmo	ent of St. CTORS IN Change Change Change Change	ate  10 Addition Addition Addition Addition Addition

indicated on this report or suppremental report is true and accurate and that my signature shall have the same legal effect as it 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:

BOALLE M Akelt Joanne M. Skelton

4/5/04 Date

813-287-7113 Daytime Phone #