

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2004 90019 026 \*\*\*\*70.00

**DOCUMENT # 716207**

1. Entity Name  
CITRUS PARK LITTLE LEAGUE, INC.



Principal Place of Business  
7506 GUNN HIGHWAY  
TAMPA, FL 33625 US

Mailing Address  
P. O. BOX 341574  
TAMPA, FL 33694-0067 US

62040010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
52-1286855

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKELTON, PATRICK W  
400 N. ASHLEY BLVD.  
SUITE 2300  
TAMPA, FL 33624

Name  
Patrick W. Skelton  
Street Address (P.O. Box Number is Not Acceptable)  
100 N. Tampa Street  
Suite 4100  
City  
Tampa FL Zip Code  
33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-04

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HUBBELL, DAVID  
STREET ADDRESS 3425 VALLEY RANCH DR.  
CITY-ST-ZIP LUTZ, FL 33549

TITLE SD ☐ Delete  
NAME WILT, DIANA  
STREET ADDRESS 4915 PENNSBURY DR.  
CITY-ST-ZIP TAMPA, FL 33625

TITLE TD ☐ Delete  
NAME SKELTON, JOANNE  
STREET ADDRESS 4720 DEERWALK LN  
CITY-ST-ZIP TAMPA, FL 33624

TITLE VD ☐ Delete  
NAME BOWMAN, AL  
STREET ADDRESS 5912 HAMMOCK WOODS DR  
CITY-ST-ZIP ODESSA, FL 33556

TITLE VD ☐ Delete  
NAME GOLDSTEIN, JEFF  
STREET ADDRESS 15917 BRIDGEWATER LN  
CITY-ST-ZIP TAMPA, FL 33624

TITLE VD ☐ Delete  
NAME SINGLETON, DAVID  
STREET ADDRESS 1919 FLORETTA VIEW DR.  
CITY-ST-ZIP TAMPA, FL 33618

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Joanne M. Skelton*

Joanne M. Skelton

4/5/04

813-287-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #