


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90289 037 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1286855	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKELTON, PATRICK W 100 N. TAMPA STREET, STE 4100 TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBELL, DAVID		NAME	Hubbell, David	
STREET ADDRESS	3425 VALLEY RANCH DR.		STREET ADDRESS	5320 Winhawk Way	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	Lutz, FL 33558	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILT, DIANA		NAME	Hubbell, Kristi	
STREET ADDRESS	4915 PENNSBURY DR.		STREET ADDRESS	5320 Winhawk Way	
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP	Lutz, FL 33558	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKELTON, JOANNE		NAME	Steve Mayes	
STREET ADDRESS	4720 DEERWALK LN		STREET ADDRESS	17822 B Jamestown Way	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	Lutz, FL 33558	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWMAN, AL		NAME	Chidel, Steve	
STREET ADDRESS	5912 HAMMOCK WOODS DR		STREET ADDRESS	5007 Melrow Court	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, JEFF		NAME		
STREET ADDRESS	15917 BRIDGEWATER LN		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGLETON, DAVID		NAME	Kevin Jackson	
STREET ADDRESS	1919 FLORETTA VIEW DR.		STREET ADDRESS	4501 Huntsman Court	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa, FL 33624	
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: <i>Joanne M. Skelton</i> Joanne M. Skelton			4/14/05 813-289-7113		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		