

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716207

FILED
Apr 27, 2006
Secretary of State

Entity Name: CITRUS PARK LITTLE LEAGUE, INC.

Current Principal Place of Business:

7506 GUNN HIGHWAY
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 341574
TAMPA, FL 336940067 US

New Mailing Address:

FEI Number: 52-1286855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKELTON, PATRICK W
100 N. TAMPA STREET, STE 4100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HUBBELL, DAVID
5320 WINHAWK WAY
LUTZ, FL 33558 US

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: DAVID HUBBELL

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUBBELL, DAVID
Address: 5320 WINHAWK WAY
City-St-Zip: LUTZ, FL 33558

Title: SD () Delete
Name: HUBBELL, KRISTI
Address: 5320 WINHAWK WAY
City-St-Zip: LUTZ, FL 33558

Title: TD () Delete
Name: SKELTON, JOANNE
Address: 4720 DEERWALK LN
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: BOWMAN, AL
Address: 5912 HAMMOCK WOODS DR
City-St-Zip: ODESSA, FL 33556

Title: VD () Delete
Name: GOLDSTEIN, JEFF
Address: 15917 BRIDGEWATER LN
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: MAYES, STEVE
Address: 17822 B JAMESTOWN WAY
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: JACKSON, KEVIN
Address: P.O. BOX 341574
City-St-Zip: TAMPA, FL 33694

Title: VD (X) Change () Addition
Name: BOWMAN, AL
Address: P.O. BOX 341228
City-St-Zip: TAMPA, FL 33694

Title: VD (X) Change () Addition
Name: GAINEY, HAL
Address: P.O. BOX 341574
City-St-Zip: TAMPA, FL 33694

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 Chapter 119, 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: AL BOWMAN

V

04/27/2006

Electronic Signature of Signing Officer or Director

Date