2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

SIGNATUE

FILED **DOCUMENT #718118** BAYSHORE LITTLE LEAGUE, INC. 04 JUL 19 PM 3: 36 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA P.O. BOX 14382 P.O. BOX 14382 TAMPA, FL 33690 TAMPA, FL 33690 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06242004 Chg-NP CR2E037 (10/03) City & State Applied For 4. FEI Number 59-2896636 City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jones, MUNCH, JACOB ESQ Chris Street Address (P.O. Box Number is Not Acceptable) 635 Riviera Dr. 701 NORTH FRANKLIN STREET SUITE 300 TAMPA, FL 33602 Zip Code Tampa 33606 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PΩ X Delete PD T Change Addition TITLE MANELLI, DENNIS NAME NAME Jones, Chris STREET ADDRESS **81 MARTNIQUE AVE** STREET ADDRESS 635 Riviera Dr. CITY-ST-7IP TAMPA, FL 33606 CITY-ST-ZIP <u>Tampa, FL 33606</u> SD XI Change Addition TITLE X Delete TITLE KIRKWOOD, CAROLE NAME NAME Brandes, Becky 506 SEVERN AVE STREET ADDRESS STREET ADDRESS 464 Severn Ave. TAMPA, FL 33606 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33606 TITLE TD X Delete TITLE ITD Addition LOPEZ, MARGARET NAME NAME Gunn, Jill STREET ADDRESS 165 BALTIC CIRCLE STREET ADDRESS 4902 W. San Nicholas CITY-ST-ZIP **TAMPA, FL 33606** CITY-ST-ZIP Tampa, FL 33629 VPD XX Addition TITLE Delete TITLE Change Turkel, Ken NAME NAME 432 Lucerne Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33606 Delete ☐ Change Addition TITLE TITLE NAME NAME 400039692564 STREET ADDRESS STREET ADDRESS 07/29/04--01041--001 **81. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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 employered 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 employered.