

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718118

FILED  
Jun 12, 2007  
Secretary of State

**Entity Name:** BAYSHORE LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

P.O. BOX 1183  
TAMPA, FL 33601

**New Principal Place of Business:**

181 COLUMBIA DR.  
TAMPA, FL 33606

**Current Mailing Address:**

P.O. BOX 1183  
TAMPA, FL 33601

**New Mailing Address:**

FEI Number: 59-2896636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JONES, CHRIS  
635 RIVIERA DR  
TAMPA, FL 33606      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: JONES, CHRIS  
Address: 635 RIVIERA DR  
City-St-Zip: TAMPA, FL 33606

Title: TD      ( ) Delete  
Name: GUNN, JILL  
Address: 302 BLANCA AVE.  
City-St-Zip: TAMPA, FL 33606

Title: DV      ( ) Delete  
Name: TURKEL, KEN  
Address: 432 LUCERNE AVE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JILL GUNN

TD

06/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date