

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729020

FILED  
Aug 24, 2005  
Secretary of State

Entity Name: TAMPA BAY LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

GRADY @ WATROUS AVE.  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18971  
TAMPA, FL 33679

**New Mailing Address:**

FEI Number: 23-7265125      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

GRANDOFF, JOHN  
4514 MELROSE AVE.  
TAMPA, FL 33629      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHIMBEEG, ROBERT  
Address: 3214 WEST FOUNTAIN  
City-St-Zip: TAMPA, FL 33609

Title: TD ( ) Delete  
Name: CIMINO, JOSEPH  
Address: 4118 PLATT  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: RIVERO, DANIEL  
Address: 4904 SAN NICHOLAS  
City-St-Zip: TAMPA, FL 33629

Title: SD ( ) Delete  
Name: DEMO, TONI  
Address: 4108 W MCKAY  
City-St-Zip: TAMPA, FL 33609

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

Title: PD (X) Change ( ) Addition  
Name: COOK, WILLIAM  
Address: 4704 NEPTUNE  
City-St-Zip: TAMPA, FL 33609

Title: TD (X) Change ( ) Addition  
Name: BULLEIT, EDWIN  
Address: 4921 W BAYWAY DRIVE  
City-St-Zip: TAMPA, FL 33609

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 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 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: EDWIN M BULLEIT

TD

08/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date