

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729020

FILED
Sep 12, 2006
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 ()**
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: COOK, WILLIAM
Address: 4704 NEPTUNE
City-St-Zip: TAMPA, FL 33609

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

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

Title: SD (X) 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: OAKLEY, JOHN
Address: 4415 CLEAR AVENUE
City-St-Zip: TAMPA, FL 33609

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 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: EDWIN M BULLEIT

TD

09/12/2006

Electronic Signature of Signing Officer or Director

Date