2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# 729020

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 ( )**

Name and Address of Current Registered Agent:

BULLEIT, EDWIN
4921 W BAYWAY DRIVE
TAMPA, FL 33629 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:	OAKLEY, JOHN	
Address:	4415 CLEAR AVENUE	
City-St-Zip:	TAMPA, FL 33609	
Title:	TD	( ) Delete
Name:	BULLEIT, EDWIN	
Address:	4921 W BAYWAY DRIVE	
City-St-Zip:	TAMPA, FL 33609	
Title:	SECR	( ) Delete
Name:	ALONZO, MITCHELLE	
Address:	40 W. SPANISH MAIN	
City-St-Zip:	TAMPA, FL 33609	
Title:	PE	(X) Delete
Name:	SCHIFINO, BILL	
Address:	2408 S. DUNDEE STREET	
City-St-Zip:	TAMPA, FL 33629	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	SCHIFINO, WILLIAM	
Address:	201 N FRANKLIN STREET	
City-St-Zip:	TAMPA, FL 33602	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SECR	(X) Change ( ) Addition
Name:	SUTTON, ED	
Address:	40 W. SPANISH MAIN	
City-St-Zip:	TAMPA, FL 33609	
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: EDWIN M BULLEIT TE 01/21/2008

Electronic Signature of Signing Officer or Director — Date