

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734560

FILED  
Mar 14, 2006  
Secretary of State

Entity Name: SKYWAY PARK LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

4840 INDEPENDENCE PKWY  
TAMPA, FL 33634 US

**New Principal Place of Business:**

4840 INDEPENDENCE PARKWAY  
TAMPA, FL 33634 US

**Current Mailing Address:**

POST OFFICE BOX 260398  
TAMPA, FL 33685

**New Mailing Address:**

FEI Number: 52-1225447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDERSON, BOBBY  
7502 MAYFAIR CT  
TAMPA, FL 33634 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: P ( ) Delete  
Name: ANDERSON, BOBBY  
Address: 7505 MAYFAIR CT  
City-St-Zip: TAMPA, FL 33615

Title: V ( ) Delete  
Name: CHISM, RUTH  
Address: 10218 WILCOX CT  
City-St-Zip: TAMPA, FL 33615

Title: T ( ) Delete  
Name: DE CASTILO, KRISTY  
Address: 9653 WILSKY BLVD  
City-St-Zip: TAMPA, FL 33634

Title: S ( ) Delete  
Name: ELLIS, KRISTINE  
Address: 17807 C JAMESTOWN WAY  
City-St-Zip: LUTZ, FL 33558

Title: M ( ) Delete  
Name: CHISM, CHRIS  
Address: 10218 WILCOX CT  
City-St-Zip: TAMPA, FL 33615

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

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

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

Title: T (X) Change ( ) Addition  
Name: BERARDINO, CHRISTINE  
Address: 6815 DOVER COURT  
City-St-Zip: TAMPA, FL 33634

Title: S (X) Change ( ) Addition  
Name: KOOGLE, STEFANY  
Address: 9013 WHEATHILL WAY  
City-St-Zip: TAMPA, FL 33615

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: STEFANY KOOGLE

S

03/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date