2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 739127

1. Entity Name
LUTZ LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
FERN RD & CROOKED LN CORNER OF LUTZ LK 770 LUTZ LK FERN RD LUTZ, FL 33549 US	FERN RD & CROOKED LN CORNER OF LUTZ LK P.O. BOX 63 LUTZ, FL 33549

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02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1770812
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEDDING, HARRY W
17406 ESTES RD.
LUTZ, FL 33548

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAY, JEFF
STREET ADDRESS	17721 SUNRISE DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	V
NAME	JONES, SAMUEL
STREET ADDRESS	1426 WILLIAMS RD.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	PA
NAME	FAIN, JAMIE
STREET ADDRESS	16111 HANNA RD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	TRES
NAME	WEDDING, HARRY
STREET ADDRESS	17406 ESTES RD.
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	D-JR
NAME	ROBINSON, DUANE
STREET ADDRESS	16811 WINSOR PARK DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	S-DR
NAME	CAGNAIA, RON
STREET ADDRESS	18318 DOLLYBROOKE LN.
CITY-ST-ZIP	LUTZ, FL 33549

[illegible] 04/12/06 59-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #