

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 739127

1. Entity Name
LUTZ LITTLE LEAGUE, INC.



Principal Place of Business

**FERN RD & CROOKED LN CORNER OF LUTZ LK
770 LUTZ LK FERN RD
LUTZ, FL 33549 US**

Mailing Address

**FERN RD & CROOKED LN CORNER OF LUTZ LK
P.O. BOX 63
LUTZ, FL 33549**



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000783911
01/16/08-80034-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHINDLER, PAM
2523 HIGH OAK LANE
LUTZ, FL 33559**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
JONES, SAMUEL
1426 WILLIAMS RD.
LUTZ, FL 33558**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PA
FAIN, JAMIE
16111 HANNA RD
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HERNANDEZ, DAWN
13655 SAN RIO CIR
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEACH, SHERRI
520 2ND AVE SE
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 an other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/08 (813) 817-7376