

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006992

FILED
Mar 25, 2009
Secretary of State

Entity Name: TOWN N COUNTRY LEAGUERETTS, INC.

Current Principal Place of Business:

7002 W. HANNA AVE
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 260712
TAMPA, FL 336850712

New Mailing Address:

POST OFFICE BOX 261072
TAMPA, FL 336850712

FEI Number: 59-3685846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, SHARON
11509 GLENMONT DRIVE
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

ROSARIO, IVETTE
12219 COLDSTREAM LANE
TAMPA, FL 33626 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: IVETTE C. ROSARIO

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORNEY, JOHN
Address: 11707 MEADOWLAND
City-St-Zip: TAMPA, FL 33625

Title: VPD () Delete
Name: GRAY, DAVID
Address: 11509 GLENMONT DRIVE
City-St-Zip: TAMPA, FL 33635

Title: VPD () Delete
Name: SIWINSKI, AMY
Address: 4450 HIDDEN SHADOW DRIVE
City-St-Zip: TAMPA, FL 33614

Title: SD (X) Delete
Name: COHEN, LORRIE
Address: 8751 HAMPTON DRIVE
City-St-Zip: TAMPA, FL 33626

Title: TD (X) Delete
Name: GRAY, SHARON
Address: 11509 GLENMONT DRIVE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JEFFERS, ANDREA
Address: 7002 W. HANNA
City-St-Zip: TAMPA, FL 33634

Title: VPD (X) Change () Addition
Name: KAAKE, DAWN
Address: 7002 W. HANNA
City-St-Zip: TAMPA, FL 33634

Title: TR (X) Change () Addition
Name: ROSARIO, IVETTE
Address: 7002 W. HANNA
City-St-Zip: TAMPA, FL 33602

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 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: IVETTE C. ROSARIO

TR

03/25/2009

Electronic Signature of Signing Officer or Director

Date