

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 21, 2011
Secretary of State

DOCUMENT# N00000006992

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 261072
TAMPA, FL 33685**New Mailing Address:**13926 CHERRY DALE LANE
TAMPA, FL 33618**FEI Number:** 59-3685846**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHOOP, ANDREA L MRS.
6234 SAVANNAH BREEZE COURT
#101
TAMPA, FL 33625 US**Name and Address of New Registered Agent:**GAMBINO, LAUREN L MRS.
4707 FOXSHIRE CIRCLE
TAMPA, FL 33624 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: LAUREN GAMBINO

09/21/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P
Name: GAMBINO, BOB
Address: 4707 FOXSHIRE CIRCLE
City-St-Zip: TAMPA, FL 33624**Title:** V
Name: GAMBINO, LAUREN
Address: 4707 FOXSHIRE CIRCLE
City-St-Zip: TAMPA, FL 33624**Title:** TR
Name: CANTRELL, JIM
Address: 13926 CHERRY DALE LANE
City-St-Zip: TAMPA, FL 33618**Title:** SEC
Name: CANTRELL, KATHERINE
Address: 13926 CHERRY DALE LANE
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: LAUREN GAMBINO

VP

09/21/2011

Electronic Signature of Signing Officer or Director_____
Date