
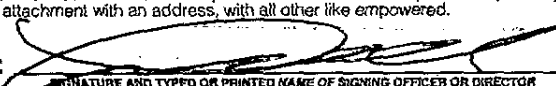


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 A
Secretary of State

DOCUMENT # N01000000365 1. Entity Name TAMPA TIGERS YOUTH BASEBALL FOUNDATION, INC.		
Principal Place of Business 14718 CLARENDON DR TAMPA, FL 33624		Mailing Address 14718 CLARENDON DR TAMPA, FL 33624
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COOK, RONALD D COOK & KOCH, P.A., ONE TAMPA CENTER, #3010 201 N FRANKLIN ST TAMPA, FL 33602		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS PACKRALL, TIM 14718 CLARENDON DR. TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PACKRALL, TIM 14718 CLARENDON DR. TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, KIM 14718 CLARENDON DR. TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PACKRALL, DIANE 14718 CLARENDON DR. TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-7-04 Daytime Phone # 813-423-5335



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3690017	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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01/13/04-80036-012 61.25

**DO NOT WRITE
IN THIS SPACE**