

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90062 019 ****61.25

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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**

4000J106



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3690017	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~COOK, RONALD D~~
~~COOK & KOCH, P.A., ONE TAMPA CENTER, #3040~~
~~201 N FRANKLIN ST~~
~~TAMPA, FL 33602~~
Tim Packrall
14718 Clarendon Dr.
Tampa, FL 33624

**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 **Tim Packrall, President** **2/3/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Tim Packrall, President** **2/3/05** **(813) 623-5335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #