

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01048

FILED
Feb 18, 2007
Secretary of State

Entity Name: WEST PINELLAS LITTLE LEAGUE, INC.

Current Principal Place of Business:

1507 1ST STREET
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1222
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 52-1286860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFRIES, TRACY
3372 19TH PLACE SW
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GATLIFF, TONY
Address: 128 PALMETTO LANE
City-St-Zip: LARGO, FL 33770

Title: SD () Delete
Name: BURKE, KEN
Address: 14428 TANGLEWOOD DRIVE
City-St-Zip: LARGO, FL 33774

Title: TD () Delete
Name: JAMES, MYRA
Address: 150 POINCIANNA LANE
City-St-Zip: LARGO, FL 33770

Title: TD () Delete
Name: JEFFRIES, TRACY
Address: 3372 19 PLACE SW
City-St-Zip: LARGO, FL 33774

Title: VD (X) Delete
Name: WITTMANN, JEFF
Address: 2701 BLUFFS DRIVE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JEFFRIES, TRACY
Address: 3372 19 PLACE SW
City-St-Zip: LARGO, FL 33774

Title: VP (X) Change () Addition
Name: MARQUARDT, MATT
Address: 808 ALLAMANDA DRIVE
City-St-Zip: LARGO, FL 33770

Title: PA (X) Change () Addition
Name: MILLER, JACKIE
Address: 443 HARBOR DRIVE SOUTH
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: TR (X) Change () Addition
Name: BELCHER, MARISSA
Address: 607 MEHLENBACHER ROAD
City-St-Zip: LARGO, FL 33770

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TRACY JEFFRIES

PD

02/18/2007

Electronic Signature of Signing Officer or Director

Date