

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004419

FILED
Jan 15, 2004
Secretary of State**Entity Name:** TAMPA RIVERDOGS YOUTH BASEBALL FOUNDATION, INC.**Current Principal Place of Business:**13907 SHADY SHORES DRIVE
TAMPA, FL 33613**New Principal Place of Business:****Current Mailing Address:**13907 SHADY SHORES DRIVE
TAMPA, FL 33613**New Mailing Address:****FEI Number:** 82-0547663**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PETER N. LAGOS
13907 SHADY SHORES DRIVE
TAMPA, FL 33613 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: LAGOS, PETER N
Address: 13907 SHADY SHORES DR.
City-St-Zip: TAMPA, FL 33612**Title:** STD () Delete
Name: BISHOFF, DUANE B
Address: 101 SYWIA LANE
City-St-Zip: TAMPA, FL 33613**Title:** PD () Delete
Name: LAGOS, CAROL
Address: 13907 SHADY SHORES DR.
City-St-Zip: TAMPA, FL 33613**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 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 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: PETER N. LAGOS

PD

01/15/2004

Electronic Signature of Signing Officer or Director_____
Date