

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004419

FILED
Feb 10, 2005
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:

4005 W. ZELAR STREET
TAMPA, FL 33629

Current Mailing Address:

13907 SHADY SHORES DRIVE
TAMPA, FL 33613

New Mailing Address:

4005 W. ZELAR STREET
TAMPA, FL 33629

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:

PETER N. LAGOS
4005 W. ZELAR STREET
TAMPA, FL 33629 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:

02/10/2005

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: PD (X) Change () Addition
Name: LAGOS, PETER N
Address: 4005 W. ZELAR STREET
City-St-Zip: TAMPA, FL 33629

Title: STD (X) Change () Addition
Name: BISHOFF, DUANE B
Address: 101 SYLVIA LANE
City-St-Zip: TAMPA, FL 33613

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

02/10/2005

Electronic Signature of Signing Officer or Director

Date