

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90003 030 ****70.00

DOCUMENT # N02000007163

1. Entity Name
NORTHSIDE LITTLE LEAGUE INC



Principal Place of Business
**2650 N LAKEVIEW DR
TAMPA, FL 33618**

Mailing Address
**PO BOX 340426
TAMPA, FL 33694**

54070392



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08092004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2500807

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAF, STEVEN
16613 EAST COURSE DR
TAMPA, FL 33624**

Name **TERRY THOMPSON**

Street Address (P.O. Box Number is Not Acceptable)
25 CALADONIA ST

City **TAMPA**

FL

Zip Code
33624

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

Terry Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-7-04

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D,P** ☒ Delete
NAME **GRAF, STEVEN**
STREET ADDRESS **16613 EAST COURSE DR**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **D,VP** ☒ Delete
NAME **LAWRENCE, JOHN**
STREET ADDRESS **2812 PALAMORE DR**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **D,T** ☒ Delete
NAME **ELGAR, SHERRIE**
STREET ADDRESS **2810 PALAMORE DR**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **D,S** ☐ Delete
NAME **DUBUC, PAULA**
STREET ADDRESS **15815 HOUND HORN LN**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **TERRY THOMPSON**
STREET ADDRESS **25 CALADONIA ST**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **RICK LEWIS**
STREET ADDRESS **16603 WEST COURSE DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **JAMES BERGMANN**
STREET ADDRESS **4709 WINDFLOWER CIRCLE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-12-04

813 960-9339