

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90029 021 ****70.00

DOCUMENT # N02000007163					
1. Entity Name NORTHSIDE LITTLE LEAGUE INC					
Principal Place of Business 2650 N LAKEVIEW DR TAMPA, FL 33618			Mailing Address 16306 ASHWOOD DRIVE TAMPA, FL 33624		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16306 Calidonia Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA, FL			
Zip	Country	Zip 33624	Country USA		
4. FEI Number 59-2500807				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISS, LISA 16506 ASHWOOD DRIVE TAMPA, FL 33624			7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code			Name Jim Thompson		
			Street Address (P.O. Box Number is Not Acceptable) 16306 CALIDONIA LANE		
			City TAMPA		
			State 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 		Jim Thompson, President 1/10/8			
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE P NAME WEISS, LISA STREET ADDRESS 16506 ASHWOOD DRIVE CITY - ST - ZIP TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete				
TITLE S NAME STEVENS, MELISSA STREET ADDRESS 4013 HUXFORD COURT CITY - ST - ZIP TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete				
TITLE T NAME YONTZ, PATTY STREET ADDRESS 4165 BRENTWOOD PARK CIRCLE CITY - ST - ZIP TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PRES NAME Jim Thompson STREET ADDRESS 16306 CALIDONIA LANE CITY - ST - ZIP TAMPA, FL 33624	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE SEC NAME CLARA WILKER STREET ADDRESS 16204 SAGE BRUSH RD. CITY - ST - ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE TRES NAME DAWN MADSEN STREET ADDRESS 214 PASADENA DR. CITY - ST - ZIP TAMPA, FL 33615	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE VP NAME HEATHER GLORIOSO STREET ADDRESS 16204 SAGE BRUSH RD. CITY - ST - ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jim Thompson, President 1/10/8 813-264980					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					