

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010457

1. Entity Name
FLORIDA DISTRICT 6 LITTLE LEAGUE, INC.



Principal Place of Business
**8321 FOUNTAIN AVENUE
TAMPA, FL 33615**

Mailing Address
**8321 FOUNTAIN AVENUE
TAMPA, FL 33615**



03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
20-0284931

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HUNT, TIMOTHY A
101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, MARTIN 8321 FOUNTAIN AVENUE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL MAULLER, ERNESTINE 6916 SOUTH TRASK TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, TERRY 16306 CALIDONIA LANE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARNETT, JOHN 4119 VASCONIA TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, BOB 412 ASHFORD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABIN, MARY 4003 TYSON TAMPA, FL 33611

U000000313057
04/18/05-80109-012 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Martin E. Stewart* **Martin E. Stewart** **4-13-05** **813-341-5225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #