





2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90019 022 ****70.00

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|---|--|--|--|--|--|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # 4929 S. WESTSHORE BLVD | | 3. Mailing Address 4929 S. WESTSHORE BLVD | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03102008 Chg-NP CR2E037 (12/06) | |
| City & State TAMPA, FL | | City & State TAMPA, FL | | 4. FEI Number 20-0284931 | |
| Zip 33611 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STEWART, MARTIN 8321 FOUNTAIN AVE TAMPA, FL 33615 | | | | 7. Name and Address of New Registered Agent Name SINADINOS, GREG Street Address (P.O. Box Number is Not Acceptable) 4929 S. WESTSHORE BLVD. City TAMPA FL Zip Code 33611 | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 3/25/2008 <small>(NOTE: Registered Agent signature required when reappointing)</small> | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STEWART, MARTIN 8321 FOUNTAIN AVENUE TAMPA, FL 33615 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SINADINOS, GREG 4929 S. WESTSHORE BLVD. TAMPA, FL 33611 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, JIM 16306 CALIDONIA LANE TAMPA, FL 33624 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANTINORI, SCOTT 3809 W. LEONA ST. TAMPA, FL 33629 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, TERRY 16306 CALIDONIA LANE TAMPA, FL 33624 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTS, KIM 13311 KRAMERIA WAY TAMPA, FL 33626 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T3 VITORIA, JR, MICHAEL V 12311 PADDOCK AVE TAMPA, FL 33618 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRANCH, BOB 412 ASHFORD BRANDON, FL 33511 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLAIR, CATERINA G 5609 S. RUSSELL TAMPA, FL 33611 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |

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  3/25/2008