2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N03000010457

Entity Name: FLORIDA DISTRICT 6 LITTLE LEAGUE, INC.

Current Principal Place of Business:

4929 S WESTSHORE BLVD
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

4929 S WESTSHORE BLVD
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 20-0284931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SINADINOS, GREG
4929 S WESTSHORE BLVD
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SINADINOS, GREG	
Address:	4929 S WESTSHORE BLVD	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	ANTINORI, SCOTT	
Address:	3809 W LEONA ST	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	( ) Delete
Name:	ROBERTS, KIM	
Address:	13311 KRAMERIA WAY	
City-St-Zip:	TAMPA, FL 33626	
Title:	T3	( ) Delete
Name:	VITORIA, JR, MICHAEL V	
Address:	12311 PADDOCK AVE	
City-St-Zip:	TAMPA, FL 33618	
Title:	D	( ) Delete
Name:	BRANCH, BOB	
Address:	412 ASHFORD	
City-St-Zip:	BRANDON, FL 33511	
Title:	D	( ) Delete
Name:	BLAIR, CATERINA G	
Address:	5609 S. RUSSELL	
City-St-Zip:	TAMPA, FL 33611	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MIKE VITORIA T3 02/02/2009

Electronic Signature of Signing Officer or Director — Date