2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# N05000006750

Entity Name: NEW TAMPA LACROSSE ASSOCIATION, INC.

Current Principal Place of Business:

9321 CYPRESS BEND DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

9321 CYPRESS BEND DRIVE
TAMPA, FL 33647

New Mailing Address:

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

Name and Address of Current Registered Agent:

BAKER, BRIAN
9321 CYPRESS BEND DRIVE
TAMPA, FL 33647 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: PD ( ) Delete
Name: BAKER, BRIAN
Address: 9321 CYPRESS BEND DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete
Name: BETCHLEY, ROB
Address: 9321 CYPRESS BEND DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete
Name: MCCALL, DAN
Address: 9321 CYPRESS BEND DRIVE
City-St-Zip: TAMPA, FL 33647

Title: T ( ) Delete
Name: MCCALL, TAMMY
Address: 9321 CYPRESS BEND DRIVE
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete
Name: BAKER, JULI
Address: 9321 CYPRESS BEND DRIVE
City-St-Zip: TAMPA, FL 33647

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN M. BAKER PD 04/03/2006
Electronic Signature of Signing Officer or Director — Date