

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006750

FILED  
Aug 29, 2007  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

BAKER, BRIAN  
9321 CYPRESS BEND DRIVE  
TAMPA, FL 33647 US

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 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

08/29/2007

Electronic Signature of Signing Officer or Director

Date