

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009998

FILED
Feb 28, 2007
Secretary of State

Entity Name: NORTH TAMPA LEAGUERETTES, INC.

Current Principal Place of Business:

1902 SOUTH VILLAGE AVENUE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273047
TAMPA, FL 33688

New Mailing Address:

FEI Number: 20-3508995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLD, MICHAEL A
C/O FISCHER & GOLD, P.A.
908 W HORATIO STREET STE A
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

SMITH, JULIE
15003 ALBRIGHT DR
TAMPA, FL 33613 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: JULIE SMITH

02/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINN, ANTHONY
Address: 8505 TWIN LAKES BLVD
City-St-Zip: TAMPA, FL 33613

Title: V () Delete
Name: MOON, RHONDA
Address: 12713 WOODLEIGH AVE
City-St-Zip: TAMPA, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T () Change (X) Addition
Name: SMITH, JULIE
Address: 15003 ALBRIGHT DR
City-St-Zip: TAMPA, FL 33613

Title: S () Change (X) Addition
Name: SETH, DORINDA
Address: 3604 ARLINGTON OAKS COURT
City-St-Zip: TAMPA, FL 33613

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: JULIE SMITH

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02/28/2007

Electronic Signature of Signing Officer or Director

Date