

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 29, 2007
Secretary of State

DOCUMENT# N05000009998

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 ()****Name and Address of Current Registered Agent:**SMITH, JULIE
15003 ALBRIGHT DR
TAMPA, FL 33613 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: 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:** T () Delete
Name: SMITH, JULIE
Address: 15003 ALBRIGHT DR
City-St-Zip: TAMPA, FL 33613**Title:** S () Delete
Name: SETH, DORINDA
Address: 3604 ARLINGTON OAKS COURT
City-St-Zip: TAMPA, FL 33613**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** V (X) Change () Addition
Name: GAMBINO, BOBBY
Address: 13920 FLETCHER MILL DRIVE
City-St-Zip: TAMPA, FL 33613**Title:** T (X) Change () Addition
Name: FLANAGAN, LAUREN
Address: 13920 FLETCHERS MILL DRIVE
City-St-Zip: TAMPA, FL 33613**Title:** S (X) Change () Addition
Name: SCRUGGS, DEB
Address: 10303 NEWPORT CIRCLE
City-St-Zip: TAMPA, FL 33612

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: ANTHONY WINN

PRES

06/29/2007

Electronic Signature of Signing Officer or Director

Date