

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 07, 2008**  
**Secretary of State**

DOCUMENT# N05000009998

**Entity Name:** NORTH TAMPA LEAGUERETTES, INC.**Current Principal Place of Business:**1902 SOUTH VILLAGE AVENUE  
TAMPA, FL 33612**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 273047  
TAMPA, FL 33688**New Mailing Address:**P.O. BOX 274062  
TAMPA, FL 33688**FEI Number:** 20-3508995**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FLANAGAN, LARUEN  
13920 FLETCHERS MILL DRIVE  
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: GAMBINO, BOBBY  
Address: 13920 FLETCHER MILL DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: T ( ) Delete  
Name: FLANAGAN, LAUREN  
Address: 13920 FLETCHERS MILL DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete  
Name: SCRUGGS, DEB  
Address: 10303 NEWPORT CIRCLE  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GAMBINO, BOBBY  
Address: 13920 FLETCHERS MILL DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: V (X) Change ( ) Addition  
Name: CORLETT, SHARON  
Address: 1912 W. KIRBY  
City-St-Zip: TAMPA, FL 33604

Title: T (X) Change ( ) Addition  
Name: TAYLOR, CAROL  
Address: 1912 W. KIRBY  
City-St-Zip: TAMPA, FL 33604

Title: S (X) Change ( ) Addition  
Name: FLANAGAN, LAUREN  
Address: 13920 FLETCHERS MILL DRIVE  
City-St-Zip: TAMPA, FL 33613

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: LAUREN FLANAGAN

S

10/07/2008

Electronic Signature of Signing Officer or Director

Date