

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 23, 2009**  
**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 274062  
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:**TAYLOR, CAROL  
8730 N HIMES AVE # 1117  
TAMPA, FL 33614 US**Name and Address of New Registered Agent:**GAMBINO, LAUREN  
4707 FOXSHIRE CIRCLE  
TAMPA, FL 33624 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: LAUREN GAMBINO

11/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: T ( ) Delete  
Name: TAYLOR, CAROL  
Address: 8730 N HIMES AVE #1117  
City-St-Zip: TAMPA, FL 33614

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

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

Title: P (X) Change ( ) Addition  
Name: GAMBINO, BOBBY  
Address: 4707 FOXSHIRE CIRCLE  
City-St-Zip: TAMPA, FL 33624

Title: V (X) Change ( ) Addition  
Name: HEANEY, ROBERT  
Address: 1902 S. VILLAGE  
City-St-Zip: TAMPA, FL 33612

Title: T (X) Change ( ) Addition  
Name: GAMBINO, LAUREN  
Address: 4707 FOXSHIRE CIRCLE  
City-St-Zip: TAMPA, FL 33624

Title: S (X) Change ( ) Addition  
Name: CANTRELL, KATHERINCE  
Address: 13926 CHERRY DALE LANE  
City-St-Zip: TAMPA, FL 33618

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 GAMBINO

S

11/23/2009

Electronic Signature of Signing Officer or Director

Date