

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009998

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**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 (X)**

**Name and Address of Current Registered Agent:**

GAMBINO, LAUREN  
4707 FOXSHIRE CIRCLE  
TAMPA, FL 33624 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  
Name: GAMBINO, BOBBY  
Address: 4707 FOXSHIRE CIRCLE  
City-St-Zip: TAMPA, FL 33624

Title: V  
Name: SIMMONS, DOUG  
Address: 10709 WATERHOLE PLACE  
City-St-Zip: TAMPA, FL 33612

Title: S  
Name: GAMBINO, LAUREN  
Address: 4707 FOXSHIRE CIRCLE  
City-St-Zip: TAMPA, FL 33624

Title: T  
Name: JACOBS-BUE, AMY  
Address: 311 1/2 E. SENECA  
City-St-Zip: TAMPA, FL 33612

I hereby 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 all other like empowered.

SIGNATURE: LAUREN GAMBINO

S

06/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date