


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90071 013 ****61.25

DOCUMENT # N06000008587

1. Entity Name
NORTHWEST LITTLE LEAGUE OF TAMPA, INC.



Principal Place of Business
**6402 N. OCCIDENT AVE.
 TAMPA, FL 33614 US**

Mailing Address
**4409 W CLIFTON ST.
 TAMPA, FL 33614 US**

00001534



2. Principal Place of Business - No P.O. Box #
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc. Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number
06-1649378

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, CRISTINA
 4409 W CLIFTON ST.
 TAMPA, FL 33614**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cristina Jones, President* 1/05/2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, CRISTINA	
STREET ADDRESS	4409 W. CLIFTON ST	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWEDER, DAVE	
STREET ADDRESS	19025 CHEMILLE DR.	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	BUTLER, JIMMIE	
STREET ADDRESS	1802 W CLEVELAND ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	DURAN, CLARIBEL	
STREET ADDRESS	4505 W IDLEWILD AVE.	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	SBVP	<input type="checkbox"/> Delete
NAME	BISCARDI, CHRISTINE	
STREET ADDRESS	8534 LAZY RIVER DR	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cristina Jones, President* 1/05/2007 (813) 886-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #