


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000008587 1. Entity Name NORTHWEST LITTLE LEAGUE OF TAMPA, INC.	
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FILED

08 SEP 15 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6402 N. OCCIDENT AVE. TAMPA, FL 33614 US	Mailing Address 4409 W CLIFTON ST. TAMPA, FL 33614 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



09102008 Chg-NP CR2E037 (12/06)

4. FEI Number 06-1649378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 *M. Cristina Jones* - M. Cristina Jones 9/10/08
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 September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME JONES, CRISTINA	TITLE President	NAME Danny Rodriguez
STREET ADDRESS 4409 W. CLIFTON ST	CITY-ST-ZIP TAMPA, FL 33614	STREET ADDRESS 4415 W. Knox St.	CITY-ST-ZIP Tampa FL 33614
CITY-ST-ZIP TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE V.P.	NAME JIM Pardo
STREET ADDRESS 19025 CHEMILLE DR.	CITY-ST-ZIP LUTZ, FL 33549	STREET ADDRESS P.O. Box 152685	CITY-ST-ZIP Tampa FL 33684
CITY-ST-ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete	400136102964 09/18/08--01043--006 **\$61.25	
TITLE TREA	NAME BUTLER, JIMMIE	TITLE Sec.	NAME Erica Rodriguez
STREET ADDRESS 1802 W CLEVELAND ST	CITY-ST-ZIP TAMPA, FL 33606	STREET ADDRESS 4415 W. Knox St.	CITY-ST-ZIP Tampa FL 33614
CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC	NAME DURAN, CLARIBEL	TITLE 	NAME
STREET ADDRESS 4505 W IDLEWILD AVE.	CITY-ST-ZIP TAMPA, FL 33614	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SBVP	NAME BISCARDI, CHRISTINE	TITLE 	NAME
STREET ADDRESS 8534 LAZY RIVER DR	CITY-ST-ZIP TAMPA, FL 33617	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP TAMPA, FL 33617	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Jimmie Butler* 9/10/08 (813) 254-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4116 W