## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010069

PICCIRILLI, SANDRA

TAMPA, FL 33617

618 DRUID HILLS ROAD

Name:

Address:

City-St-Zip:

FILED May 01, 2008 Secretary of State

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Entity Na	me: NEW	TAMPA GIRL'S FA	ASTPITCH, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
8202 GING TAMPA, F	SER PINE V L 33647	VAY					
Current M	lailing Add	ress:		New Mailing Address:			
8202 GING TAMPA, F	SER PINE V L 33647	VAY					
	: 20-5621533 ce with s. 607	FEI Number A 7.193(2)(b), F.S., the	pplied For ( ) FEI Nui	mber Not Appl the prior notic		Certificate of Status Desired ( )	
Name and	Address of	of Current Regist	ered Agent:	Name and	Address of	of New Registered Agent:	
TAMPA, F The above	BER PINE V L 33647	US ity submits this sta	atement for the purpose o	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:						
		tronic Signature of	Registered Agent			Date	
OFFICERS	S AND DIR	ECTORS:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD PAYNE, RO 8202 GING TAMPA, FL	ER PINE WAY		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD PAYNE, KE 8202 GING TAMPA, FL	ER PINE WAY		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP MACZUGA, 19103 ROS TAMPA, FL	EWOOD CREEK WA	Υ	Title: Name: Address: City-St-Zip:	VP PESCE, ST 17805 SAN TAMPA, FL	ID PINE TRACE WAY	
Title:	s	( ) Delete		Title:	S	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

KELLEY, CINDY

7390 SE 26TH DR

BUSHNELL, FL 33515

SIGNATURE: KELLY R PAYNE TD 05/01/2008