

FILE NOW: FILING FEE IS \$61.25

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May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41761** (0)

1. Corporation Name

**NORTHEAST LITTLE LEAGUE OF TAMPA, INC.**

Principal Place of Business	Mailing Address
19651 BRUCE B. DOWNS BLVD. SUITE E6-2 TAMPA FL 33647 US	19651 BRUCE B. DOWNS BLVD. SUITE E6-2 TAMPA FL 33647 US

3. Date Incorporated or Qualified	01/22/1991
4. FEI Number	59-3015624
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 19651 Bruce B. Downs Blvd.	26 19651 Bruce B. Downs Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 D3-126	27 D3-126
City & State	City & State
23 Tampa, Florida	28 Tampa, Florida
Zip	Zip
24 33647	29 33647
Country	Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KIST, JAMES R. CPA**  
**19651 BRUCE DOWNS BLVD E6-2**  
**TAMPA FL 33647**

10. Name and Address of New Registered Agent

81 Name	Luttrell, D. Scott
82 Street Address (P.O. Box Number is Not Acceptable)	19651 Bruce B. Downs Blvd.
83	D3-126
84 City	Tampa
85 Zip Code	FL 33647

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *D. Scott Luttrell* **D. Scott Luttrell** **04/30/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	EBER, KATHY	
STREET ADDRESS	8801 HUNTERS LAKE DR, #814	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENRY, BILL	
STREET ADDRESS	9733 CYPRESS POND AVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTY, RITA	
STREET ADDRESS	9206 MILL CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KIST, JAMES R	
STREET ADDRESS	19651 BRUCE B. DOWNS BLVD., #E6-2	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOOD, SARA	
STREET ADDRESS	9709 CYPRESS POND AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, DAVID	
STREET ADDRESS	18304 BID POND WAY	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VFON, JANET
3.3 STREET ADDRESS	14611 DAYBREAK DRIVE
3.4 CITY-ST-ZIP	TAMPA, FL 33549
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LUTTRELL, D. SCOTT
4.3 STREET ADDRESS	15310 AMBERLY DRIVE, #205
4.4 CITY-ST-ZIP	TAMPA, FL 33647
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AGHOIAN, GREG
5.3 STREET ADDRESS	15837 DAWSON RIDGE DRIVE
5.4 CITY-ST-ZIP	TAMPA, FL 33647
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEHMER, JOE
6.3 STREET ADDRESS	17521 EDINBURGH DRIVE
6.4 CITY-ST-ZIP	TAMPA, FL 33647

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D. Scott Luttrell* **D. Scott Luttrell** **04/30/98** (813) 972-0909

CR2E037 (10/97)