

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90009 012 ****61.25

DOCUMENT # N41761

1. Corporation Name

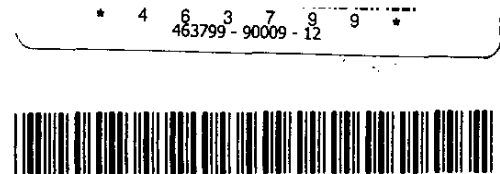
NORTHEAST LITTLE LEAGUE OF TAMPA, INC.

Principal Place of Business

19651 BRUCE B. DOWNS BLVD.
D3-126
TAMPA FL 33647
US

Mailing Address

19651 BRUCE B DOWNS BLVD
D3-126
TAMPA FL 33647
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/22/1991

4. FEI Number

59-3015624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCOTT, LUTTRELL D
19651 BRUCE B DOWNS BLVD
D3-126
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

Koehler, Bruce

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

19651 BRUCE B. DOWNS BLVD

83

D3-126

84 City

TAMPA

FL

85 Zip Code
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

Bruce Koehler, Treasurer

4/23/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME EBER, KATHY
STREET ADDRESS 8801 HUNTERS LAKE DR, #814
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE
NAME HENRY, BILL
STREET ADDRESS 9733 CYPRESS POND AVE
CITY-ST-ZIP TAMPA FL 33647

TITLE S ☐ DELETE
NAME VEON, JANET
STREET ADDRESS 14611 DAYBREAK DR
CITY-ST-ZIP TAMPA FL 33549

TITLE T ☒ DELETE
NAME SCOTT, LUTTRELL D
STREET ADDRESS 15310 AMBERLY DR, 205
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☐ DELETE
NAME AGHOIAN, GREG
STREET ADDRESS 15837 DAWSON RIDGE DR
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☒ DELETE
NAME LEHMER, JOE
STREET ADDRESS 17521 EDINBURGH DR
CITY-ST-ZIP TAMPA FL 33647

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME CONNIE COVEY
1.3 STREET ADDRESS 18112 LONGWATER RUN DR.
1.4 CITY-ST-ZIP TAMPA, FL. 33647

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME Koehler, Bruce
4.3 STREET ADDRESS 13301 N. PAIN DR.
4.4 CITY-ST-ZIP TAMPA, FL. 33612

5.1 TITLE President ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Director ☐ Change ☒ Addition
6.2 NAME STEVE GLAUTZ
6.3 STREET ADDRESS 18524 OTTERWOOD DR.
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/23/99

813-974-3472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)