

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000723					
1. Entity Name YELLOW JACKETS LITTLE LEAGUE, INC.					
Principal Place of Business 2301 NO. OREGON TAMPA FL 33607 US			Mailing Address 3105 E 18TH AVENUE TAMPA FL 33605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3155076	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WRIGHT, JAMES J 3105 E 18TH AVENUE TAMPA FL 33605			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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WRIGHT, JAMES J		NAME		
STREET ADDRESS	3105 EAST 18TH AVE		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33605		CITY- ST- ZIP		
TITLE	VTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GILLIARD, THOMAS		NAME		
STREET ADDRESS	4614 SHAD ST		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33617		CITY- ST- ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WILSON, ANDREW		NAME		
STREET ADDRESS	515 WEST ROSS STREET		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33602		CITY- ST- ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JACKSON, CARLA		NAME		
STREET ADDRESS	1720 ST. CONRAD ST.		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33607		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

James J. Wright 813-252-0925