

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90087 046 ****61.25

DOCUMENT # N94000002081	
1. Entity Name LITTLE LEAGUE OF THE GULF BEACHES, INC.	

Principal Place of Business 200 REX PLACE MADEIRA BEACH, FL 33708	Mailing Address P.O. BOX 8548 MADIERA BEACH, FL 33738
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2. Principal Place of Business	3. Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3244423	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



04302005 Chg-NP CR2E037 (10/03)

5. Name and Address of Current Registered Agent WARD, TERESA C ESQ. 5322 DUHME ROAD ST. PETERSBURG, FL 33708	
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7. Name and Address of New Registered Agent	
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	
Filing Fee is \$61.25 Due by May 1, 2005	

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD LIBERATORE, JOSEPH 6026 OAKHURST DRIVE SEMINOLE, FL 33772 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Michael Benner 11248 67th Ave N Seminole FL 33772 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PLUSKAT, TAMMY 15912 REDINGTON DR REDINGTON BEACH, FL 33708 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KIRK, DEBBIE 11437 48TH AVE N SAINT PETERSBURG, FL 33708 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DANA Murphy 6721 110th St N Seminole, FL 33772 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUNT, CLIFFORD 5415 BATES ST SEMINOLE, FL 33772 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 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: *Tammy Pluskat* TAMMY PLUSKAT 4/28/05 727 392 5524