

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# N94000002081

Entity Name: LITTLE LEAGUE OF THE GULF BEACHES, INC.

**Current Principal Place of Business:**

200 REX PLACE  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8548  
MADIERA BEACH, FL 33738

**New Mailing Address:**

FEI Number: 59-3244423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WARD, TERESA C ESQ.  
5322 DUHME ROAD  
ST. PETERSBURG, FL 33708      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BENNER, MICHAEL  
Address: 11248 67TH AVE N  
City-St-Zip: SEMINOLE, FL 33772

Title: TD      ( ) Delete  
Name: PLUSKAT, TAMMY  
Address: 15912 REDINGTON DR  
City-St-Zip: REDINGTON BEACH, FL 33708

Title: SD      ( ) Delete  
Name: MURPHY, DANA  
Address: 6721 110TH ST N  
City-St-Zip: SEMINOLE, FL 33772

Title: VD      ( ) Delete  
Name: HUNT, CLIFFORD  
Address: 5415 BATES ST  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: TAMMY PLUSKAT

TD

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date