

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712892

FILED
Jan 09, 2006
Secretary of State

Entity Name: PORT ST LUCIE LITTLE LEAGUE, INC.

Current Principal Place of Business:

P.O.BOX 8055
PORT ST LUCIE, FL 34985 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8055
PORT ST LUCIE, FL 349858055 US

New Mailing Address:

FEI Number: 59-2156222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, CATHERINE
2289 SW LEITHGOW STREET
PORT ST LUCIE, FL 34985 US

Name and Address of New Registered Agent:

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: V () Delete
Name: HENTZ, DAVID
Address: 2549 SW CARPENTER ST
City-St-Zip: PT. ST. LUCIE, FL 34984

Title: DP () Delete
Name: ARNOLD, DOUG
Address: 1920 SW BRISBANE ST.
City-St-Zip: PT. ST. LUCIE, FL 34984

Title: DV () Delete
Name: CAMELO, EDWIN
Address: 2143 SE GLENROCK TERRACE
City-St-Zip: PT ST LUCIE, FL 34952

Title: TD () Delete
Name: CATHERINE, TURNER
Address: 2289 LEITHGOW ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: SHABARECK, GEORGE
Address: 334 SE STRAIT ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: SHABARECK, GEORGE
Address: 334 SE STRAIT AVENUE
City-St-Zip: PT. ST. LUCIE, FL 34983

Title: V (X) Change () Addition
Name: STONE, BRIAN
Address: 603 SE BETH COURT
City-St-Zip: PT ST LUCIE, FL 34984

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

Title: SO (X) Change () Addition
Name: MALONE, SCOTT
Address: 2013 SE NEW YORK STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

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: CATHERINE TURNER

TD

01/09/2006

Electronic Signature of Signing Officer or Director

Date