

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712892

FILED  
Jul 04, 2007  
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:**

1301 SE LYNGATE DRIVE  
PORT ST LUCIE, FL 34982 US

**Current Mailing Address:**

PO BOX 8055  
PORT ST LUCIE, FL 349858055 US

**New Mailing Address:**

POST OFFICE BOX 8055  
PORT ST LUCIE, FL 34985 US

FEI Number: 59-2156222      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:**

REES, MIKE  
1161 SE PARRISH CT.  
PORT ST LUCIE, FL 34952 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: O'BRIEN, MIKE  
Address: 1648 SE BURGUNDY LN.  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: DP ( ) Delete  
Name: REES, MIKE  
Address: 1161 SE PARRISH CT.  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: TD ( ) Delete  
Name: DORAN, HEATHER  
Address: 1950 SE BENEDICTINE ST.  
City-St-Zip: PT ST LUCIE, FL 34983

Title: SO ( ) Delete  
Name: BISCHONE, JANINE  
Address: 511 SE BERRY AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: EXO ( ) Delete  
Name: MALONE, WILL  
Address: 1181 SE MENORES LN.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: EXO ( ) Delete  
Name: ESHELMAN, BILL  
Address: 1538 SE CORVAIR CT.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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

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

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

Title: TD (X) Change ( ) Addition  
Name: BONDI, LEO  
Address: 3413 SE HART CIRCLE  
City-St-Zip: PT ST LUCIE, FL 34984

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 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: LEO BONDI

TD

07/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date