

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712892

FILED
Jan 24, 2009
Secretary of State

Entity Name: PORT ST LUCIE LITTLE LEAGUE, INC.

Current Principal Place of Business:

1301 SE LYNATE DRIVE
PORT ST LUCIE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 8055
PORT ST LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 59-2156222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARTOLOTTA, MICHAEL
2442 S.W. MERCER STREET
PORT ST LUCIE, FL 34954 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: VP () Delete
Name: CLAIR, BOB
Address: 2174 S.E. HERRON AVE.
City-St-Zip: PT. ST. LUCIE, FL 34982

Title: DP () Delete
Name: MICHAEL, SAULNIER
Address: 2931 S.E. BELLA ROAD
City-St-Zip: PT. ST. LUCIE, FL 34954

Title: TD () Delete
Name: BARTOLOTTA, MICHAEL
Address: 2442 S.W. MERCER STREET
City-St-Zip: PT ST LUCIE, FL 34984

Title: SO () Delete
Name: CLEM, GREG
Address: 1691 S.W. BUFFUM LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: EXO () Delete
Name: O'KELLY, DAVID
Address: 2086 S.E. BISBEE STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: EXO () Delete
Name: DAKIN, RALPH
Address: 1662 SE GOUCHO DRIVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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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: MICHAEL BARTOLOTTA

TD

01/24/2009

Electronic Signature of Signing Officer or Director

Date