


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90001 048 ****61.25

DOCUMENT # 757873					
1. Entity Name OCOEE LITTLE LEAGUE, INC.					
Principal Place of Business P.O. BOX 266 OCOEE, FL 34761		Mailing Address P.O. BOX 266 OCOEE, FL 34761			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1234561	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOOD, GARY 2028 HEDGEROW CIRCLE OCOEE, FL 34061			Name <u>Donald Winter</u> Street Address (P.O. Box Number is Not Acceptable) <u>760 Willett Drive</u> City <u>Winter Garden</u> FL <u>34787</u>		
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.					
SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>08 FEB 06</u>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOD, GARY		NAME	Donald Winter	
STREET ADDRESS	2028 HEDGEROW CIRCLE		STREET ADDRESS	760 Willett Dr	
CITY-ST-ZIP	OCOEE, FL 39761		CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, KAREN		NAME	Gary Wozniak	
STREET ADDRESS	969 SATIN LEAF CIRCLE		STREET ADDRESS	6733 Sawmill Blvd	
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP	OCOEE FL 34761	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRISH, JIM		NAME	Karen Crews	
STREET ADDRESS	657 OLYMPIC DR.		STREET ADDRESS	909 Satin Leaf Cir	
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP	OCOEE FL 34761	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, LISA		NAME	Tammy Denmark	
STREET ADDRESS	1822 PRAIRIE LAKE BLVD.		STREET ADDRESS	473 Fort Collins Ct	
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP	OCOEE FL 34761	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Karen Crews</u>			Date <u>2/7/06</u> Daytime Phone # <u>407-858-8507</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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