2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004509

Entity Name: TRI-COUNTY LITTLE LEAGUE, INC.

FILED Aug 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: % WILLIAM GERMAN 8424 CHUMUCKLA HWY. PACE, FL 32571 **Current Mailing Address: New Mailing Address:** % WILLIAM GERMAN 8424 CHUMUCKLA HWY. PACE, FL 32571 FEI Number: 43-2005341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GERMAN, WILLIAM 8424 CHÚMUCKLA HWY. PACE, FL 32571 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LANGHORNE, DOODLE VP Name: Name: Address: 2930 N. CENTURY BLVD Address: City-St-Zip: MCDAVID, FL 32568 US City-St-Zip: Title: () Delete Title: () Change () Addition MORRIS, EDDIE VP Name: Name: Address: 1881 OLD ATMORE ROAD Address: City-St-Zip: FLOMATON, AL 36441 US City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, JERRY VP Name: Name: 7966 SHORT CREEK ROAD Address: Address: City-St-Zip: JAY, FL 32565 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: BARR, KATHY VP Name: 1997 SCHNOOR DRIVE Address: Address: City-St-Zip: JAY, FL 32565 US City-St-Zip: Title: Title: () Delete () Change () Addition JEFF, FISHER VP Name: Name: 5267 HIDDEN CIRCLE Address: Address: City-St-Zip: JAY, FL 32565 US City-St-Zip: Title: () Delete Title: (X) Change () Addition HUTCHCRAFT, CHASTITY D SEC/TRE DAVIS, BRENDA G SEC/TRE Name: Name: Address: 2110 SHADOW HILL DRIVE Address: 7966 SHORTCREEK RD. BREWTON, AL 36426 US JAY, FL 32565 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRENDA DAVIS D 08/11/2004