2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N04000000136

Entity Name: PORT CHARLOTTE AMERICAN LITTLE LEAGUE, INC.

Current Principal Place of Business:

NATIONAL REGIONAL SPORTS PARK
O'DONNELL BLVD
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

1185 O'DONNELL BLVD
NORTH REGIONAL SPORT PARK
PORT CHARLOTTE, FL 33953

Current Mailing Address:

P.O. BOX 380696
MURDOCK, FL 33938

New Mailing Address:

FEI Number: 81-0632666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POTTS, VICKIE
16317 LIMERICK AVE
PORT CHARLOTTE, FL 33954 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: P ( ) Delete
Name: POTTS, VICKIE
Address: P.O. BOX 380696
City-St-Zip: MURDOCK, FL 33938

Title: VP ( ) Delete
Name: POPE, ED
Address: P.O. BOX 380696
City-St-Zip: MURDOCK, FL 33938

Title: T ( ) Delete
Name: HOLMBERG, MARALYN
Address: P.O. BOX 380696
City-St-Zip: MURDOCK, FL 33938

Title: S ( ) Delete
Name: WILLIAMS, ELIZABETH
Address: P.O. BOX 380696
City-St-Zip: MURDOCK, FL 33938

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:

Title: ( ) Change ( ) Addition
Name:
Address:
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: VICKIE POTTS PRES 04/29/2004
Electronic Signature of Signing Officer or Director — Date