

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2010
Secretary of State

Entity Name: MIRACLE LEAGUE OF TALLAHASSEE-LEON, INC.

Current Principal Place of Business:

C/O TIMOTHY P. ATKINSON
301 SOUTH BRONOUGH ST., 5TH FLOOR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

C/O TIMOTHY P. ATKINSON
301 SOUTH BRONOUGH ST., 5TH FLOOR
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ATKINSON, TIMOTHY P
301 SOUTH BRONOUGH ST., 5TH FLOOR
TALLAHASSEE, FL 32301 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: D
Name: ZOTTOLI, WILLIAM J JR
Address: 2039 CENTRE POINTE BLVD., #101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: MILLIKEN, ELIZABETH C
Address: 729 LUPINE LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: JONES, DAVID C
Address: 2213 TALLAHASSEE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: LARSON, JACKIE
Address: 3601 FRED GEORGE COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: SHANK, NANCY
Address: 6982 GASCONY LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: BOONE, GAVIN W
Address: 4109 ARKLOW DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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 all other like empowered.

SIGNATURE: F. JAMES WYLIE, JR.

D

03/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date