


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N41405</b> 1. Entity Name <b>EAST CLEARWATER-SAFETY HARBOR LITTLE LEAGUE, INC.</b>		
Principal Place of Business <b>940 7TH STREET SOUTH CITY PARK SAFETY HARBOR FL 34695 US</b>		
2. Principal Place of Business		Mailing Address <b>P.O. BOX 113 SAFETY HARBOR FL 34695</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3048243</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>	
<b>DONOVAN, DAN 28 TURNSTONE DRIVE SAFETY HARBOR FL 34695</b>			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b>	Zip Code

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>PD</b> <input type="checkbox"/> Delete <b>GRIFFITH, PAT</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000034417</b>
STREET ADDRESS	<b>504 HUMPHRIES RD</b>	STREET ADDRESS	<b>02/05/04-80083-008 61.25</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL 34695</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete <b>VD</b> <b>DONOVAN, DAN</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>28 TURNSTONE DR.</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>SAFETY HARBOR FL 34695</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete <b>T</b> <b>CAMPORINI, PAUL</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1115 WOODCREST AVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>SAFETY HARBOR FL 34695</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete <b>S</b> <b>HACKETT, JOANNE</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3132 SAN JOSE ST</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL 33759</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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:** Paul Camporini 1/28/04