


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90020 019 ****61.25

DOCUMENT # N41405
 1. Entity Name
SAFETY HARBOR LITTLE LEAGUE, INC.



Principal Place of Business: **940 7TH STREET SOUTH CITY PARK SAFETY HARBOR FL 34695 US**
 Mailing Address: **P.O. BOX 113 SAFETY HARBOR FL 34695**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3048243**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DONOVAN, DAN
28 TURNSTONE DRIVE
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL 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: *Herb Brown* **TREASURER** 2/18/08
Signature (Type or print name of registered agent and title, if applicable.) (NOTE: Registered Agent signature req. (red) when reinstating.) DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

TITLE: P	NAME: IRVIN, HARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 1702 COUNTRY TRAILS	CITY-ST-ZIP: SAFETY HARBOR FL 34695	
TITLE: PD	NAME: DONOVAN, DAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 28 TURNSTONE DR.	CITY-ST-ZIP: SAFETY HARBOR FL 34695	
TITLE: T	NAME: CAMPORINI, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 1115 WOODCREST AVE	CITY-ST-ZIP: SAFETY HARBOR FL 34695	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P	NAME: MCGUIRE, BILL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1216 WOODCREST AVE.	CITY-ST-ZIP: SAFETY HARBOR, FL. 34695	
TITLE: PD	NAME: NOELL CALDWELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 209 HANCOCK CT	CITY-ST-ZIP: SAFETY HARBOR, FL. 34695	
TITLE: T	NAME: HERB BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3108 GLENWOOD CT.	CITY-ST-ZIP: SAFETY HARBOR, FL. 34695	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Herb Brown* **HERB BROWN** 2/18/08
Signature and typed or printed name of signing officer or director Date Day:mo:year