

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90128 022 \*\*\*\*61.25

DOCUMENT # N94000000203  
 1. Entity Name  
~~R.L. TURNER BASEBALL, INC.~~ (change to) *2*  
*R.L. Turner Little League, Inc.*



Principal Place of Business  
 2526 ROLLINS AVE  
 PANAMA CITY, FL 32405 US

Mailing Address  
 P.O BOX 15391  
 PANAMA CITY, FL 32406 US

40048055



2. Principal Place of Business  
 Suite, Apt. #, etc.

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

04102006 Chg-NP CR2E037 (11/05)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
 59-3217806

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, CHARLES G  
 603 KRISTANNA DRIVE  
 PANAMA CITY, FL 32405

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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 VP  Delete  
 NAME BROWN, BRENT  
 STREET ADDRESS 2526 ROLLINS AVE  
 CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME BRUENING, SHERRY  
 STREET ADDRESS 415 BECKRICH RD. STE 100  
 CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE TD  Change  Addition  
 NAME Marty Perrett  
 STREET ADDRESS 702 W 8th Street  
 CITY-ST-ZIP Lynn Haven FL 32444

TITLE P  Delete  
 NAME TUCKER, CHARLES G  
 STREET ADDRESS 603 KRISTANNA DRIVE  
 CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME BAUER, JILL  
 STREET ADDRESS 2526 ROLLINS AVE  
 CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-10-06 Daytime Phone # 850-960-2605