2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N97000006016

Entity Name: NORTH FORT MYERS NATIONAL LITTLE LEAGUE, INC.

Current Principal Place of Business:

COMMUNITY PARK
TAMIAMI TRAIL NORTH
N FT MYERS, FL 33917

New Principal Place of Business:

NORTH FORT MYERS COMMUNITY PARK
2021 N. TAMIAMI TRAIL
N FT MYERS, FL 33917

Current Mailing Address:

P O BOX 3551
N FT MYERS, FL 33918

New Mailing Address:

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

Name and Address of Current Registered Agent:

SHERIDAN, TODD A
2021 N. TAMIAMI TRAIL
PO BOX 3551
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

SHERIDAN, TODD A
2021 N. TAMIAMI TRAIL
NORTH FORT MYERS, FL 33917 US

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: _____ 01/31/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHERIDAN, TODD A
Address: PO BOX 3551
City-St-Zip: NORTH FORT MYERS, FL 33918 US

Title: V.P. ( ) Delete
Name: POGUE, DAN
Address: 41451 SUZAN DR.
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: S ( ) Delete
Name: GUFFEY, L. KRISTENE
Address: 258 LAKEVIEW DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: TREA ( ) Delete
Name: FORDYCE, JENNIFER
Address: PO BOX 3551
City-St-Zip: NORTH FORT MYERS, FL 33917 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V.P. (X) Change ( ) Addition
Name: ELG, MIKE
Address: PO BOX 3551
City-St-Zip: N FT MYERS, FL 33917 US

Title: S (X) Change ( ) Addition
Name: MALONE, TRACY
Address: PO BOX 3551
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: TREA (X) Change ( ) Addition
Name: SOLETTI, ELLEN
Address: PO BOX 3551
City-St-Zip: NORTH FORT MYERS, FL 33917 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELLEN SOLETTI T 01/31/2009
Electronic Signature of Signing Officer or Director — Date