2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N98000001949

Entity Name: COCONUT CREEK LITTLE LEAGUE BASEBALL CLUB, INC.

Current Principal Place of Business:

4460 NW 6 CT.
C/O RANDY JOHNSON
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

4460 NW 6 CT.
C/O RANDY JOHNSON
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 65-0853279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, RANDY
4460 NW 6 CT.
COCONUT CREEK, FL 33066 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:	PD	( ) Delete
Name:	JOHNSON, RANDY	
Address:	4460 N.W. 6TH CT	
City-St-Zip:	COCONUT CREEK, FL 33066	
Title:	VD	( ) Delete
Name:	HERNANDEZ, ORLANDO	
Address:	5447 NW 50TH CT	
City-St-Zip:	COCONUT CREEK, FL 33073	
Title:	TD	( ) Delete
Name:	KOPLOWITZ, SANFORD	
Address:	4625 GLENWOOD DRIVE	
City-St-Zip:	COCONUT CREEK, FL 33066	
Title:	SD	( ) Delete
Name:	HAMMELL, EDWARD	
Address:	4532 NW 50TH ST	
City-St-Zip:	COCONUT CREEK, FL 33073	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SANFORD KOPLOWITZ TD 01/09/2009

Electronic Signature of Signing Officer or Director — Date