

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006016

FILED  
Mar 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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  
NORTH FORT MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

PAZ, DENISE  
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: DENISE PAZ

03/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAZ, DENISE  
Address: PO BOX 3551  
City-St-Zip: NORTH FORT MYERS, FL 33918 US

Title: V.P.  
Name: SOLETTI, JOHN  
Address: PO BOX 3551  
City-St-Zip: N FT MYERS, FL 33917 US

Title: S  
Name: WHITTY, KIM  
Address: PO BOX 3551  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: TREA  
Name: DICKEY, STACEY  
Address: PO BOX 3551  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN SOLETTI

VP

03/06/2010

Electronic Signature of Signing Officer or Director

Date