

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700675

FILED  
Feb 13, 2008  
Secretary of State

Entity Name: MEADOWLAWN LITTLE LEAGUE INC

**Current Principal Place of Business:**

7390 18TH ST N.  
ST. PETE, FL 33702 US

**New Principal Place of Business:**

**Current Mailing Address:**

8485 - 15 TH WAY NORTH  
ST PETERSBURG, FL 33702 US

**New Mailing Address:**

FEI Number: 23-7061591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARSON, THOMAS H  
8485 - 15TH WAY NORTH  
SAINT PETERSBURG, FL 33702 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: PRES ( ) Delete  
Name: ACCEDA, CHUCK  
Address: 8485 - 15TH WAY NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DIRE ( ) Change (X) Addition  
Name: CARSON, THOMAS H DIRECTO  
Address: 8485 - 15TH WAY NORTH  
City-St-Zip: ST PETERSBURG, FL 33702

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: THOMAS H. CARSON

DIRE

02/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date