2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90035 037 ****70.00

DOCUMENT # 702625

1. Entity Name
INDIAN RIVER CITY LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
W.W. JAMES FIELD TITUSVILLE, FL 32783	P.O. BOX 5417 TITUSVILLE, FL 32783-5417

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04182004 Chg-NP CR2E037 (10/03)

4. FEI Number
52-1344875
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEBLANC, JOSEPH 2330 CHRISTINE DR TITUSVILLE, FL 32796	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: _____
(Signature, typed or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2004**	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 NAME STREET ADDRESS CITY-ST-ZIP	PDD LEBLANC, INEZ 2330 CHRISTINE DR TITUSVILLE, FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANGELO, ROBIN 1611 COUNTRY CLUB DR TITUSVILLE, FL 32780	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kern, Susan 1101 Beatrice Ave. Titusville, FL 32780 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYES, ROBIN 2665 DRIFTWOOD DR TITUSVILLE, FL 32780	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Porta, Michael P. Sr. 980 Pilgrim Dr. Titusville, FL 32780 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MORRISON, ROYCE 2771 PINERIDGE DR TITUSVILLE, FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael P. Porta Sr. 4-19-2004 321-269-4947
SIGNATURE AND TYPED OR PRINTED NAME OF ENDING OFFICER OR DIRECTOR — Date — Daytime Phone #