

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703871

FILED
Apr 14, 2005
Secretary of State

Entity Name: PEMBROKE PINES LITTLE LEAGUE INC

Current Principal Place of Business:

1200 S.W. 72ND AVENUE
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

1200 S.W. 72ND AVENUE
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 51-0256125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, SHARON
600 S RAINBOW DRIVE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

HESTER, SHARON
600 S RAINBOW DRIVE
HOLLYWOOD, FL 33021 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: SHARON HESTER

04/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MILLER, ROY
Address: 4208 SW 70 TERRACE
City-St-Zip: DAVIE, FL 33317

Title: P () Delete
Name: HESTER, SHARON
Address: 600 SOUTH RAINBOW DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: STEHELD, TRACY
Address: 1570 NW 77 TERR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Delete
Name: DIALEZO, BETH
Address: 6401 FLAGLER ST
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HESTER, SHARON
Address: 600 S. RAINBOW DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: T (X) Change () Addition
Name: SIEBALD, TRACY
Address: 1570 NW 77TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Change () Addition
Name: D'ALEO, BETH
Address: 6401 FLAGLER STREET
City-St-Zip: HOLLYWOOD, FL 33023

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON HESTER

P

04/14/2005

Electronic Signature of Signing Officer or Director

Date