

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706213

FILED
Mar 12, 2009
Secretary of State

Entity Name: VENICE LITTLE LEAGUE, INC.

Current Principal Place of Business:

420 N RIVER RD
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2154
VENICE, FL 342842154 US

New Mailing Address:

FEI Number: 23-7400963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, CHARLES
420 N. RIVER RD
VENICE, FL 34293 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: BENNETT, CHRISTY
Address: 2180 GUAVE RD
City-St-Zip: VENICE, FL 34293

Title: VP () Delete
Name: QUINN, MIKE
Address: 444 AVALON RD
City-St-Zip: VENICE, FL 34293

Title: SEC () Delete
Name: KRAUSS, SHELLY
Address: 125 PADDINGTON RD
City-St-Zip: VENICE, FL 34293

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: QUINN, MIKE
Address: 444 AVALON ROAD
City-St-Zip: VENICE, FL 34293

Title: VP (X) Change () Addition
Name: HINES, CHARLES
Address: 420 N. RIVER ROAD
City-St-Zip: VENICE, FL 34293

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

Title: TREA () Change (X) Addition
Name: CRISTELLO, DEBRA
Address: 421 MURILLO DRIVE
City-St-Zip: NOKOMIS, FL 34275

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: DEBRA CRISTELLO

TREA

03/12/2009

Electronic Signature of Signing Officer or Director

Date