2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706968

FILED Mar 08, 2007 Secretary of State

Entity Name: GREATER NAPLES LITTLE LEAGUE INC

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	SPECT AVEN	UE					
#102 NAPLES, F	FL 34104 U	JS					
Current Mailing Address:			New Mailir	New Mailing Address:			
	SPECT AVEN	UE					
#102 NAPLES, F	FL 34104 U	JS					
FEI Number:	59-6139757	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired	()	
Name and	Address of (Current Registered Agent:	Name and	Address of N	ew Registered Agent:		
#102 NAPLES, F	SPECT AVEN FL 34104 US						
	named entity of Florida.	submits this statement for the p	urpose of changing it	is registered of	fice or registered agent, or	both,	
SIGNATUF	RE:						
	Electro	nic Signature of Registered Age	nt		Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	OTT, CHAD N) Delete CCT AVENUE #102 4104	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	OTT, CHAD N) Delete CCT AVENUE #102 4104	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	T (MURPHY, JAM 3980 GORDON NAPLES, FL 3	N AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D (BAILEY, SIMO 1888 KINGFISI NAPLES, FL 3	H RD	Title: Name: Address: City-St-Zip:	LEEDY, JOAN	Change () Addition T AVENUE, SUITE 102 104		
Title: Name: Address: City-St-Zip:	S (SANDERS, LIZ 5100 NAPOLI I NAPLES, FL 3	DRIVE	Title: Name: Address: City-St-Zip:	D (X) SANDERS, LIZ 5100 NAPOLI DI NAPLES, FL 34			
Title: Name: Address: City-St-Zip:	D (TOMAINI, SAN' 1861 PLUMBA NAPLES, FL 3	GO WAY	Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: CHAD N. OTT P 03/08/2007