

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 20, 2011
Secretary of State

DOCUMENT# 706968

Entity Name: GREATER NAPLES LITTLE LEAGUE INC**Current Principal Place of Business:**508 DEVILS LANE
NAPLES, FL 34103 US**New Principal Place of Business:**6972 BURNT SIENNA CIRCLE
NAPLES, FL 34109 US**Current Mailing Address:**P.O. BOX 7436
NAPLES, FL 34101 US**New Mailing Address:****FEI Number:** 59-6139757**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WRIGHT, ANTHONY J
508 DEVILS LANE
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**BALBONI, THOMAS F
6972 BURNT SIENNA CIRCLE
NAPLES, FL 34103 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: THOMAS F. BALBONI

10/20/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P/D
Name: BALBONI, THOMAS F
Address: 6972 BURNT SIENNA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: VP/D
Name: WILLIAMS, MARC
Address: 1960 TARPON RD
City-St-Zip: NAPLES, FL 34102

Title: T/D
Name: MOLL, JOHN
Address: 60 SEAGATE DR. UNIT 1603
City-St-Zip: NAPLES, FL 34103

Title: S/D
Name: BRADLEY, STACY
Address: 6968 BURNT SIENNA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: DIR
Name: HAGAN, ANNE
Address: 6517 AUTUMN WOODS BLVD
City-St-Zip: NAPLES, FL 34109

Title: DIR
Name: KANG, BYUNG
Address: 1825 TILLER TERRACE
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: JOHN MOLL

TREA

10/20/2011

Electronic Signature of Signing Officer or Director_____
Date