2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708631

FILED Mar 23, 2009 Secretary of State

Entity Name: INDIAN RIVER COUNTY LITTLE LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

3995 18TH STREET VERO BEACH, FL 32961

Current Mailing Address: New Mailing Address:

3995 18TH STREET P.O. BOX 2519 VERO BEACH, FL 32961 US

FEI Number: 59-0950327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENNESSEY, RICHARD J
4508 5TH MANOR SW
VERO BEACH, FL 32968 US
LUETHJE, DAVID E
725 BLACKPINE DRIVE
VERO BEACH, FL 32968 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: DAVID E. LUETHJE 03/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 YURIGAN, MIKE
 Name:
 LUETHJE, DAVID

 Address:
 445 45TH CT
 Address:
 P.O. BOX 2519

 City-St-Zip:
 VERO BEACH, FL 32968
 City-St-Zip:
 VERO BEACH, FL 32961

 $\label{eq:title: VD (X) Change () Addition} \begin{picture} Title: & VD & (X) Change () Addition \\ \end{picture}$

 Name:
 DEAN, JAY
 Name:
 MOHNEY, JIM

 Address:
 4555 9TH STREET
 Address:
 P.O. BOX 2519

City-St-Zip: VERO BEACH, FL 32968 City-St-Zip: VERO BEACH, FL 32961

Title: TD () Delete Title: TD (X) Change () Addition
Name: HENNESSEY, RICHARD J Name: MCCAIN, MATT

 Address:
 4508 5TH MANOR SW
 Address:
 P.O. BOX 2519

 City-St-Zip:
 VERO BEACH, FL 32968
 City-St-Zip:
 VERO BEACH, FL 32961

Title: () Delete Title: SD () Change (X) Addition

 Name:
 Name:
 RYMER, JEFF

 Address:
 Address:
 P.O. BOX 2519

 City-St-Zip:
 City-St-Zip:
 VERO BEACH, FL 32961

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: DAVID E. LUETHJE PD 03/23/2009