2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 709312

Entity Name: DADE CITY LITTLE LEAGUE, INC.

Current Principal Place of Business:

14144 SIXTH STREET
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1222
DADE CITY, FL 33526

New Mailing Address:

P.O. BOX 1721
DADE CITY, FL 335261721

FEI Number: 59-1700453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, BARRY
14144 SIXTH STREET
DADE CITY, FL 33525 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:	PD	( ) Delete
Name:	LANE, C. RANDY	
Address:	12210 LEANNE DRIVE	
City-St-Zip:	DADE CITY, FL 33525	
Title:	TD	( ) Delete
Name:	LYNCH, BARRY	
Address:	33245 OHIO AVENUE	
City-St-Zip:	RIDGE MANOR, FL 33523	
Title:	SD	( ) Delete
Name:	SCHILDT, ANGEL	
Address:	14308 WILLOW RUN	
City-St-Zip:	DADE CITY, FL 33523	
Title:	D	( ) Delete
Name:	FOUNTAIN, JOE	
Address:	6010 IDLE A WHILE CIRCLE	
City-St-Zip:	RIDGE MANOR, FL 33523	
Title:	D	( ) Delete
Name:	HOLLOWAY, TINA	
Address:	16551 14TH STREET	
City-St-Zip:	DADE CITY, FL 33523	
Title:	D	( ) Delete
Name:	MINTON, JOSEPH A	
Address:	37303 SOUTHVIEW AVE.	
City-St-Zip:	DADE CITY, FL 33525	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BARRY LYNCH TD 02/12/2009
Electronic Signature of Signing Officer or Director — Date