

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 16, 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 1721
DADE CITY, FL 335261721**New Mailing Address:****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 (X) Delete
Name: MINTON, JOSEPH A
Address: 37303 SOUTHVIEW AVE.
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, DAVID
Address: 16307 KALI WAY
City-St-Zip: DADE CITY, FL 33523

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

Title: () Change () Addition
Name:
Address:
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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

09/16/2009

Electronic Signature of Signing Officer or Director

Date