


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 709367 1. Entity Name PORT CHARLOTTE LITTLE LEAGUE INC	
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Principal Place of Business 23400 HAROLD AVE PORT CHARLOTTE, FL 33952 US	Mailing Address PO BOX 495541 PORT CHARLOTTE, FL 33949-5541
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04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1286858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, R. CLARK 21294 COVINGTON AVE PORT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VITALE, GREGG 25206 ROSAMOND CT PORT CHARLOTTE, FL 33983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCDERMOTT, ERIKA 22400 BUFFALO AVE PT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KOCH, JULIE 23283 ABERDEEN AVE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, R. CLARK 21294 COVINGTON AVE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROCA, JOSEPH 18451 MEYER AVE PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000341232 04/29/05-80007-013 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Clark Smith R. Clark Smith 4/26/05 941-629-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #