2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# 709367

Entity Name: PORT CHARLOTTE LITTLE LEAGUE INC

Current Principal Place of Business:

23400 HAROLD AVE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

23400 HAROLD AVENUE
PORT CHARLOTTE, FL 33952

Current Mailing Address:

PO BOX 495541
PORT CHARLOTTE, FL 339495541

New Mailing Address:

FEI Number: 52-1286858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, R. CLARK
21294 COVINGTON AVE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

SIMPSON, RICHARD
540 GROVE AVENUE
PORT CHARLOTTE, FL 33952 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: RICHARD SIMPSON 02/13/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VITALE, GREGG
Address: 25206 ROSAMOND CT
City-St-Zip: PORT CHARLOTTE, FL 33983 US

Title: VPD ( ) Delete
Name: MCDERMOTT, ERIKA
Address: 22400 BUFFALO AVE
City-St-Zip: PT CHARLOTTE, FL 33952

Title: SD ( ) Delete
Name: KOCH, JULIE
Address: 23283 ABERDEEN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD ( ) Delete
Name: SMITH, R. CLARK
Address: 21294 COVINGTON AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete
Name: ROCA, JOSEPH
Address: 18451 MEYER AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AGOSTO, LOUIS
Address: 21247 COTTONWOOD AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

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

Title: SD (X) Change ( ) Addition
Name: MOSS-SOLOMON, CATHERINE
Address: 23369 MCQUEENEY AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD (X) Change ( ) Addition
Name: BABER, SANDRA
Address: 21158 COACHMAN AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD (X) Change ( ) Addition
Name: BURKE, KEVIN
Address: 23119 LANGDON AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIKA MCDERMOTT VPD 02/13/2006
Electronic Signature of Signing Officer or Director Date