

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709367

FILED
Apr 30, 2008
Secretary of State

Entity Name: PORT CHARLOTTE LITTLE LEAGUE INC

Current Principal Place of Business:

23400 HAROLD AVENUE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 495541
PORT CHARLOTTE, FL 339495541 US

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:

SIMPSON, RICHARD
540 GROVE AVENUE
PORT CHARLOTTE, FL 33952 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: AGOSTO, LOUIS
Address: 21247 COTTONWOOD AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: SMARJESSE, CHRIS
Address: 246 ORLANDO BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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

Title: TD (X) Change () Addition
Name: HEITMAN, EUGENE R
Address: 12687 SW COUNTY RD 769 #2A
City-St-Zip: PORT CHARLOTTE, FL 34269 US

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: LOUIS AGOSTO

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date