


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90023 049 \*\*\*\*61.25

<b>DOCUMENT # 712512</b> 1. Entity Name <b>NORTH SEMINOLE LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>8222-KOWLETTE ROAD</b> <b>TAMPA, FL 33604—US</b>			Mailing Address <b>P.O. BOX 9304</b> <b>TAMPA, FL 33674</b>		
2. Principal Place of Business - No P.O. Box # <b>8601 N. 22nd St.</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Tampa Florida</b>			City & State Suite, Apt. #, etc.		
Zip <b>33604</b>			Country		
4. FEI Number <b>59-3096928</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$6.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>RAVENEL, BENJAMIN</b> <b>6620 N 23RD STREET</b> <b>TAMPA, FL 33610</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAVENEL, BENJAMIN 6620 N 23RD STREET TAMPA, FL 33610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKELVEY, MICHAEL 1207 E JEAN STREET TAMPA, FL 33604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOFFITT, MONICA 12316 KELLY LANE THONOSSA, FL 33592	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNIGHT-MARSHALL, MARION 4307 E HENRY AVENUE TAMPA, FL 33610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALL, ALPHONSO JR 5508 N. 50TH STREET TAMPA, FL 33610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUHLAND, D. J. 1372 E. CLIFFORD STREET TAMPA, FL 336110	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Ben Ravenel</i> <b>BEN RAVENEL</b>			<b>3/14/08</b> <b>(813) 404-1624</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		