


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90391 008 \*\*\*\*61.25

<b>DOCUMENT # 712565</b>	
<b>1. Entity Name</b> HARDEE COUNTY LITTLE LEAGUE, INC.	

<b>Principal Place of Business</b> 501 W. MAIN ST WAUCHULA FL 33873	<b>Mailing Address</b> P O BOX 1003 WAUCHULA FL 33873
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-2653623	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> H. BURTON, JOHN W 501 WEST MAIN ST WAUCHULA FL 33873	<b>7. Name and Address of New Registered Agent</b> - Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> SAUNDERS, TAMI <b>STREET ADDRESS</b> 102 SAUNDERS LN <b>CITY-ST-ZIP</b> WAUCHULA FL 33873	<input type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> Pam Cobb <b>STREET ADDRESS</b> 4808 Starke Ave. <b>CITY-ST-ZIP</b> Bowling Green, FL 33834	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> COBB, RICHARD <b>STREET ADDRESS</b> 4808 STARKE AVE <b>CITY-ST-ZIP</b> BOWLING GREEN FL 33834	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> BARLOW, JOHN K <b>STREET ADDRESS</b> 732 CECIL DURRANCE RD <b>CITY-ST-ZIP</b> WAUCHULA FL 33890	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> COBB, PAM <b>STREET ADDRESS</b> 4808 STARKE AVE <b>CITY-ST-ZIP</b> BOWLING GREEN FL 33834	<input type="checkbox"/> Delete	<b>TITLE</b> T <b>NAME</b> Brian Knight <b>STREET ADDRESS</b> 2587 Merle Langford Road <b>CITY-ST-ZIP</b> Zolfo Springs, FL 33890	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** John K. Barlow John K. Barlow 2/19/05 863-781-0324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #