## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#715441** 

Entity Name: OVIEDO LITTLE LEAGUE, INC.

FILED Jan 04, 2005 Secretary of State

| Current Principal Place of Business:        |  |                                   |                                      | New Principal Place of Business: |  |  |
|---|--|-----------------------------------|--------------------------------------|----------------------------------|--|--|
| 112 KING S<br>P.O. BOX S<br>OVIEDO, F       | 935  |                                   |                                      |                                  |  |  |
| Current Mailing Address:                    |  |                                   |                                      | New Mailing Address:             |  |  |
| P.O. BOX 6<br>OVIEDO, F                     |  |                                   |                                      |                                  |  |  |
| FEI Number:                                 | 59-1278623   | FEI Number Applied For ( )        | FEI Number No                        | t Applicable ( )                 | Certificate of Status Desired (X)      |  |
| Name and                                    | Address of C   | Surrent Registered Agent:         | Name                                 | e and Address o                  | of New Registered Agent:               |  |
| CLUXTON<br>1951 WRE<br>OVEIDO, F            | NFIRLD LANE  | _                                 |                                      |                                  |  |  |
| The above in the State                      |  | submits this statement for the pu | urpose of chang                      | ging its registere               | d office or registered agent, or both, |  |
| SIGNATUR                                    | RE:  |                                   |                                      |                                  |  |  |
|   | Electror   | ic Signature of Registered Ager   | nt                                   |                                  | Date                                   |  |
| OFFICERS AND DIRECTORS:                     |  |                                   | ADDI                                 | TIONS/CHANG                      | ES TO OFFICERS AND DIRECTORS           |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD ( )<br>WITT, KATHY<br>460 WILMINGT<br>OVIEDO, FL 3    |                                   | Title:<br>Name:<br>Addres<br>City-St | s: 1951 WRÉ                      | NFIELD LANE                            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | TD ( )<br>CLUXTON, TOI<br>1951 WRENFIE<br>OVIEDO, FL 3   | ELD LANE                          | Title:<br>Name:<br>Addres<br>City-St | s: 2263 CATB                     | RIAR WAY                               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VPD ( )<br>PANAGIOTOU,<br>437 ARTESIA S<br>OVIEDA, FL 32 | ST                                | Title:<br>Name:<br>Addres<br>City-St | s: 437 ARTES                     |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ( )<br>O'BRIEN, DOU<br>1651 WICHITA<br>OVIEDO, FL 3    |                                   | Title:<br>Name:<br>Addres<br>City-St | s: 2472 GENC                     | DVA DRIVE                              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ( )<br>CLUXTON, DEE<br>1951 WRENFIE<br>OVIEDO, FL 33   | ELD LANE                          | Title:<br>Name:<br>Addres<br>City-St |                                  | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | ( )  | Delete                            | Title:<br>Name:<br>Addres<br>City-St | s: 1951 WRE                      | NFIELD LANE                            |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD A. CLUXTON PD 01/04/2005