

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715441

FILED
Jan 07, 2007
Secretary of State

Entity Name: OVIEDO LITTLE LEAGUE, INC.

Current Principal Place of Business:

112 KING STREET
OVIEDO, FL 32765

New Principal Place of Business:

275 KING STREET
OVIEDO, FL 32765

Current Mailing Address:

P.O. BOX 620935
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 59-1278623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLUXTON, TODD A
1951 WRENFIELD LANE
OVIEDO, FL 32765 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: P/D () Delete
Name: CLUXTON, TODD
Address: 1951 WRENFIELD LANE
City-St-Zip: OVIEDO, FL 32765

Title: VP/D () Delete
Name: WIGGINS, EDWIN
Address: 1461 TWIN LEAF LANE
City-St-Zip: OVIEDO, FL 32765

Title: VP/D () Delete
Name: PANAGIOTOU, PATRICK
Address: 437 ARTESIA STREET
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: WOODARD, JILL
Address: 2472 GENOVA DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: CLUXTON, DEBRA
Address: 1951 WRENFIELD LANE
City-St-Zip: OVIEDO, FL 32765

Title: VP/D () Delete
Name: THRIFT, ROBERT
Address: 842 LULLWATER DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: TODD A. CLUXTON

PRES

01/07/2007

Electronic Signature of Signing Officer or Director

Date