

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715441

FILED
Jan 21, 2009
Secretary of State

Entity Name: OVIEDO LITTLE LEAGUE, INC.

Current Principal Place of Business:

275 KING STREET
OVIEDO, FL 32765

New Principal Place of Business:

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: THRIFT, ROB
Address: 842 LULLWATER DRIVE
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: VP/D () Delete
Name: CLUXTON, TODD
Address: 1951 WRENFIELD LANE
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: WOODARD, JEFF
Address: 2472 GENOVA DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CLUXTON, TODD
Address: 1951 WRENFIELD LANE
City-St-Zip: OVIEDO, FL 32765

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

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

Title: VP/D (X) Change () Addition
Name: MARTZ, FRANK
Address: 479 GRANITE CIRCLE
City-St-Zip: CHULUOTA, FL 32766

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 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

01/21/2009

Electronic Signature of Signing Officer or Director

Date