## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#718140** 

FILED Sep 06, 2005 Secretary of State

Entity Name: INVERNESS LITTLE LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 2351

INVERNESS, FL 344512351 US

Current Mailing Address: New Mailing Address:

PO BOX 2351

INVERNESS, FL 344512351 US

FEI Number: 59-2472922 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IGLESIAS, HENRY MARTONE, JAMES 6304 E URBAN LN P.O. BOX 2351

FLORAL CITY, FL 34436 US INVERNESS, FL 34436 US

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: JAMES MARTONE 09/06/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 IGLESIAS, HENRY
 Name:
 MARTONE, JAMES

 Address:
 PO BOX 2351
 Address:
 PO BOX 2351

 City-St-Zip:
 INVERNESS, FL 34451
 City-St-Zip:
 INVERNESS, FL 34451

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RICHIE, MIKE
 Name:

 Address:
 3175 E ROTOR PATH
 Address:

 City-St-Zip:
 INVERNESS, FL 34450
 City-St-Zip:

 Name:
 PARSON, MARY
 Name:
 FELTHOFF, BROCK

 Address:
 2155 S LAKE SPIVEY POINT
 Address:
 11. ARCHWOOD DR.

 City-St-Zip:
 INVERNESS, FL 34450
 City-St-Zip:
 INVERNESS, FL 34450

Title: SD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 JENSEN, JENIFFER
 Name:

 Address:
 3581 S APOPKA AVE
 Address:

 City-St-Zip:
 INVERNESS, FL 34452
 City-St-Zip:

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: BROCK FELTHOFF T 09/06/2005