2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720814

City-St-Zip:

JACKSONVILLE, FL 32277

Entity Name: ARLINGTON LITTLE LEAGUE, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6350 FT CAROLINE RD 6350 FT CAROLINE RD PO BOX 8223 PO BOX 8223 JACKSONVILLE, FL 32239 JACKSONVILLE, FL 32277 **Current Mailing Address: New Mailing Address:** PO BOX 8223 JACKSONVILLE, FL 32239 FEI Number: 59-6611088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOYLE, WILLIAM E 2002 SOUTHSIDE BLVD STE 201 JACKSONVILLE, FL 32216 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCCUTCHEON II. GENE A Name: Name: 8118 PARKRIDGE CIRCLE N. Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: SOTILE, GREG Name: DEWOLF, ANSON Address: 3342 CESARY BLVD. Address: 3980 HEIDI RD. W. City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32277 Title: () Delete Title: () Change () Addition OGIN, LAURA Name: Name: Address: 6101 RAIN FREE ROAD Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: DOYLE, WILLIAM Name: 13465 PRINCESS KELLY DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: Title: () Delete () Change () Addition HEDRICK, HOWARD Name: Name: 3274 HERMITAGE RD. E. Address: Address:

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.

City-St-Zip:

SIGNATURE: GENE MCCUTCHEON II PD 01/06/2004