


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90030 014 \*\*\*\*70.00

<b>DOCUMENT # 732161</b> 1. Entity Name <b>DELRAY BEACH NATIONAL LITTLE LEAGUE, INC.</b>			
Principal Place of Business <b>2906 SABALWOOD CT DELRAY BEACH, FL 33445 US</b>		Mailing Address <b>2906 SABALWOOD CT DELRAY BEACH, FL 33445 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2883 Sabalwood Ct</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Delray Beach, FL</b>		City & State 	
Zip <b>33445</b>		Country <b>Palm Beach</b>	
4. FEI Number <b>59-0618960</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BURKARD, JOHN 2906 SABALWOOD CT DELRAY BEACH, FL 33445</b>		7. Name and Address of New Registered Agent <b>Martin Lobkowicz 2883 Sabalwood Ct. Delray Beach, FL 33445</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Martin M. Lobkowicz</i> <b>Martin M. Lobkowicz</b> <b>4/4/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2008</b>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>S</b> NAME <b>BURKARD, JOHN J</b> STREET ADDRESS <b>2906 SABALWOOD CT.</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33445</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Same</b> STREET ADDRESS <b>Same</b> CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>LOBKOWICZ, MARTIN</b> STREET ADDRESS <b>2883 SABALWOOD CRT</b> CITY-ST-ZIP <b>DELRAY BCH, FL 33446</b>	<input type="checkbox"/> Delete	TITLE <b>S</b> NAME <b>Same</b> STREET ADDRESS <b>Same</b> CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>ZANZUCCHI, TERRY</b> STREET ADDRESS <b>2785 N CLEARBROOK CIRCLE</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33445</b>	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Martin M. Lobkowicz</i> <b>Martin M. Lobkowicz</b> <b>4/4/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/4/08</b> Daytime Phone # <b>561-637-1908</b>	