2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am

DOCL	MENT # 722464		- TEG	Pol	36	cietai	y or Sta	ıc
DOCUMENT # 732161 1. Entity Name DELRAY BEACH NATIONAL LITTLE LEAGUE, INC.					04	-07-2008 900	030 014 ****70.0	00
Principal Plac 2906 SABAL DELRAY BEA		Mailing Address 2906 SABALWOOD CT DELRAY BEACH, FL 3344	5 US			(1818 A)131 UBI 8	rjeji gjeji 638% pjeji 6181 ajs	wa a 1881
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sawe.								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	/		04042008 C	hg-NP	CR2E037 (12/06)	
City & Stat	y Beach, FL	City & State			4. FEI Number 59-061896	50		oplied For ot Applicable
334L	17 Palm Beach	Zip	Country		5. Certificate of S	atus Desired	\$8.75 Add Fee Require	ditlonal d
	6. Name and Address of Current R		Name		7. Name and Add	iress of New Re	gistered Agent	
BURKARD, JOHN MARTIN LODKOWICE					0.0 P	A		
2 906 SAB. DELFLAY E	ALWOOD ET	abal wood C	Street Ac	ddress (i	P.O. Box Number is	Not Acceptable)		
<u> </u> 	VelYau	33445	-		<u>-</u>			
		フノイフ	City				FL Zip Cod	le
	e named entity submits this statement for tions of registered agent.	the purpose of changing its reg	gistered office or	register	ed agent, or both, in	the State of Flor	ida. I am familiar with,	and accept
SIGNATURE	martin M. Fr	them Mar	tin M	. 1.	abkaw	ic .	4/4/08	}
Signation L	Signature, typed or printed name of physical agent as	nd title if applicable. (NOTE: Re	egistered Agent signatu	Denuper ex	when reinstating)		DATE	
SOLATORE	Signature, typed or printed name of Again of Agents of A	9. Election Campa Trust Fund Con	aign Financing	re required	\$5.00 May Be Added to Fees	1	tke check payable t da Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Campa Trust Fund Con	aign Financing stribution.		\$5.00 May Be Added to Fees	Florid	da Department of S	tate
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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: SIGNATURE AND TYPED OF FRINTED NAME OF BIGUING OFFICER OR DIRECTOR