2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006
Secretary of State

DOCUMENT# 732342

Entity Name: ROCKLEDGE LITTLE LEAGUE, INC.

Current Principal Place of Business:

994 BEACON RD.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

994 BEACON RD.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 51-0186018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOIST, BETSI B
994 BEACON RD.
ROCKLEDGE, FL 32955 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	( ) Delete
Name:	MOIST, BETSI B	
Address:	994 BEACON RD.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	S	( ) Delete
Name:	HALL, LYNN B	
Address:	1432 VICTORIA BLVD.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	T	( ) Delete
Name:	SCHOENEICH, LESLIE	
Address:	1488 WELLINGTON CIR.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	VP	( ) Delete
Name:	CLIFTON, ROBERT	
Address:	1328 BRIARWOOD DRIVE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	VP	( ) Delete
Name:	WILSON, STEVE	
Address:	3634 SHELLIE COURT	
City-St-Zip:	COCOA, FL 32926	
Title:	M	( ) Delete
Name:	SIBBITT, VICKI	
Address:	830 PINE SHADOWS AVE.	
City-St-Zip:	ROCKLEDGE, FL 32955	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	COFFIN, IRA	
Address:	924 PELICAN LANE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	M	(X) Change ( ) Addition
Name:	PRANTL, JOANNE J	
Address:	1355 HERITAGE ACRES BLVD.	
City-St-Zip:	ROCKLEDGE, FL 32955	

I hereby certify that the information supplied with this filing does not qualify for the 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: BETSI BEATTY MOIST P 03/03/2006

Electronic Signature of Signing Officer or Director — Date