

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732342

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** ROCKLEDGE LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

790 BARTON BLVD.  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560191  
ROCKLEDGE, FL 32956

**New Mailing Address:**

**FEI Number:** 51-0186018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEATTY-MOIST, BETSI  
994 BEACON ROAD  
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:** PRES  
**Name:** BEATTY-MOIST, BETSI  
**Address:** 994 BEACON ROAD  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** SECR  
**Name:** COFER, BRANDY  
**Address:** 1321 HIDEAWAY LANE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** TREA  
**Name:** MADONNA, MICHAEL J JR.  
**Address:** 1327 ENCLAVE DRIVE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** VP  
**Name:** MARCONI, MICHAEL  
**Address:** 1319 ENCLAVE DRIVE  
**City-St-Zip:** ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL J. MADONNA JR.

TREA

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date