


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90132 044 ****61.25

| | | | | | |
|---|-----------------------|--|---|---|--|
| DOCUMENT # 734385 | | | |  | |
| 1. Entity Name POLK CITY LITTLE LEAGUE, INC. | | | | | |
| Principal Place of Business DUEY RD PO BOX 177 POLK CITY, FL 33868 US | | | Mailing Address DUEY RD PO BOX 177 POLK CITY, FL 33868 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 07252005 | | | Chg-NP | CR2E037 (10/03) | |
| 4. FEI Number 59-1838759 | | | | Applied For <input type="checkbox"/> Not Applied For | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DAVIS, CAROL 211 HAMOLIA AVE POLK CITY, FL 33868 | | | Name Street Address (P.O. Box Number's Not Accepted) City FL Zip Code | | |
| 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>Carol Davis</i> | | | | 8-22-05 | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, DONALD | | NAME | Davis, Carol | |
| STREET ADDRESS | 211 HAMOLIA AVE. | | STREET ADDRESS | 211 Hamolia Ave | |
| CITY STATE ZIP | POLK CITY, FL 33868 | | CITY STATE ZIP | POLK City, FL 33868 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUNDERSON, MARC | | NAME | McKenzie, Brian | |
| STREET ADDRESS | 9105 SAMARITAN AVENUE | | STREET ADDRESS | 6545 Viburnum Court | |
| CITY STATE ZIP | POLK CITY, FL 33868 | | CITY STATE ZIP | POLK City, FL 33868 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YATES, DEBBIE | | NAME | Beach, Regina | |
| STREET ADDRESS | 3851 BIG BEND TRL. | | STREET ADDRESS | 4320 Hagan Rd. | |
| CITY STATE ZIP | POLK CITY, FL 33868 | | CITY STATE ZIP | POLK City, FL 33868 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUNDERSON, MELISSA | | NAME | | |
| STREET ADDRESS | 9105 SAMARITAN AVENUE | | STREET ADDRESS | | |
| CITY STATE ZIP | POLK CITY, FL 33868 | | CITY STATE ZIP | | |
| TITLE | PAT | <input checked="" type="checkbox"/> Delete | TITLE | PAT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, CHRYS TAL | | NAME | Weirather, Pam | |
| STREET ADDRESS | 309 PERSIMMON DR. | | STREET ADDRESS | 6199 Buckhill Rd. | |
| CITY STATE ZIP | POLK CITY, FL 33868 | | CITY STATE ZIP | POLK City, FL 33868 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY STATE ZIP | | | CITY STATE ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I 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 a letter like empowered. | | | | | |
| SIGNATURE: <i>Melissa Gunderson</i> | | | Melissa Gunderson Treasurer | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 8-22-05 | | |