

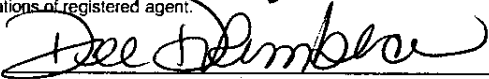
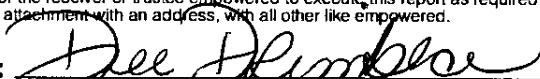


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

100004 OCT 29 PM 3:42  
10/29/04--01055--011 \*\*61.25



10262004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 734386</b>				<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div>100004 OCT 29 PM 3:42 10/29/04--01055--011 **61.25</div> <div></div> <div>10262004    Chg-NP    CR2E037 (10/03)</div>	
1. Entity Name <b>GOLDENROD LITTLE LEAGUE, INC.</b>		Principal Place of Business <b>2000 N. FORSYTH RD. ORLANDO, FL 32807    US</b>			
Mailing Address <b>P.O. BOX 1133 GOLDENROD, FL 32733    US</b>					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1641731</b>	Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>HOLLOWAY, BERTRAND C 432 BANYON TREE CIR, APT 5A MAITLAND, FL 32751</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
7. Name and Address of New Registered Agent <b>Dee Drimbeau 2000 N. Forsyth Rd Orlando FL 32807</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. <div>SIGNATURE:     10-25-04 Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE</div>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLOWAY, BERTRAND C 432 BANYON TREE CIR APT 5A MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Avile, Ed 8620 Baylor Circle Orlando, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONROE, MARK 4817-D N. GOLDENROD RD WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Russell, Dawn 3031 MIT St Orlando, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOOD, TERESA 2104 EASTBROOK DR WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eberhardt, Rose 4315 Sandhurst Dr Orlando, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONWAY, JODI 2726 MIDDLE STREET ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Drimbeau, Dee 1512 Canterbury Circle Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. <div>SIGNATURE:     10-25-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</div>					

11/3/20