

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90155 035 ****61.25

DOCUMENT # 734386

1. Entity Name
GOLDENROD LITTLE LEAGUE, INC.



Principal Place of Business
**2000 N. FORSYTH RD.
ORLANDO, FL 32807 US**

Mailing Address
**P.O. BOX 1133
GOLDENROD, FL 32733 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1641731

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRIMBA, DEE
2000 N. FORSYTH RD.
ORLANDO, FL 32807**

7. Name and Address of New Registered Agent

Name **Ellen Costello**
Street Address (P.O. Box Number is Not Acceptable)

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 *Ellen Costello*
Signature, typed or printed name of registered agent and title if applicable.

Ellen Costello

4/6/05
DATE

(NOTE: Registered Agent signature required when registering)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **AVILE, ED**
STREET ADDRESS **8620 BAYLOR CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **VPD** ☐ Delete
NAME **RUSSELL, DAWN**
STREET ADDRESS **3031 MIT ST**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **SD** ☒ Delete
NAME **EBERHARDT, ROSE**
STREET ADDRESS **4315 SANDHURST DR**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **TD** ☒ Delete
NAME **DRIMBEAU, DEE**
STREET ADDRESS **1512 CANTERBURY CIRCLE**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Aviles**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary
Diana Gibson**
STREET ADDRESS **5013 Tangerine Way**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ Change ☒ Addition
NAME **Treasurer
Ellen Costello**
STREET ADDRESS **2855 S.M.U. Blvd**
CITY-ST-ZIP **Orlando, FL 32817**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Ellen Costello* Ellen Costello

4/6/05
Date

407-671-4732
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR