2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737529

FILED Apr 02, 2007 Secretary of State

Entity Name: ORANGE CITY LITTLE LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

1361 W. FRENCH AVENUE ORANGE CITY, FL 32763

Current Mailing Address: New Mailing Address:

P.O. BOX 740365 P.O. BOX 740365

ORANGE CITY, FL 32763 ORANGE CITY, FL 32774

FEI Number: 59-1743592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LEFILS, GREGORY W 161 EAST ROSE AVE ORANGE CITY, FL 32763

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:

Date

Electronic Signature of Registered Agent

US

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FOEHNER, MARY GROLEAU, JENNIFER Name: Name:

1408 9TH ST. Address: 525 S. CEDAR AVE Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: ORANGE CITY, FL 32763

Title: PD Title: AD (X) Change () Addition () Delete

DEVITO, JOHN Name: DEVITO, JOHN Name: Address: 1600 W NEW YORK AVW Address: 1600 W NEW YORK AVW

City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: ORANGE CITY, FL 32763

Title: () Delete Title: () Change () Addition

FOEHNER, MARK Name: Name: Address: 1408 9TH ST. Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

Name: WALTERS, KENNETH Name: Address: 770 E FRENCH AVE Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip:

Title: () Delete Title: VD (X) Change () Addition

BELAND, JODI MALONE, EDMOND Name: Name: 511 DIXSON SR Address: Address: 717 N. LEAVITT AVE City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: ORANGE CITY, FL 32763

Title: () Delete Title: () Change (X) Addition

PICKUS, SANDRA Name: Name: Address: Address: 385 COLLINS CT. ORANGE CITY, FL 32763 City-St-Zip: City-St-Zip:

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: MARK FOEHNER TD 04/02/2007