

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741808

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** MOUNT DORA LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

UNSER & LINCOLN AVE.  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1412  
MOUNT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 59-2531850      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

TIMMONS, CRISTOPHER  
32593 OKALOOSA TRAIL  
SORRENTO, FL 32776 US

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: PD ( ) Delete  
Name: TIMMONS, CRISTOPHER  
Address: 32593 OKALOOSA TRAIL  
City-St-Zip: SORRENTO, FL 32776

Title: VPD ( ) Delete  
Name: RIVERA, THOMAS  
Address: 32329 WOLF BRANCH LANE  
City-St-Zip: SORRENTO, FL 32776

Title: TD ( ) Delete  
Name: DADICH, GRACE  
Address: 23905 PINE DRIVE  
City-St-Zip: SORRENTO, FL 32776

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: GRACE DADICH

TREA

05/02/2006

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

\_\_\_\_\_  
Date