


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90018 013 \*\*\*\*61.25

<b>DOCUMENT # 750136</b> 1. Entity Name <b>BUCKINGHAM LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>9800 BUCKINGHAM RD FT MYERS, FL 33905 US</b>			Mailing Address <b>PO BOX 51475 FT MYERS, FL 33994-1475 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2018950</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOPPLE, DAVID</b> <b>10871 IRISH LANE</b> <b>FT. MYERS, FL 33905</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE <b>4/30/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOPPLE, DAVID E		NAME		
STREET ADDRESS	10871 IRISH LANE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33905		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, ANDREW		NAME	Ron Swallow	
STREET ADDRESS	11144 LAKELAND CIR		STREET ADDRESS	4135 Manning Ct	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	Ft Myers, FL 33916	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, CINDY		NAME	Ramona Johnston	
STREET ADDRESS	13832 5TH ST.		STREET ADDRESS	12671 Washburn Dr	
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP	Ft Myers, FL 33905	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, KIMBERLY		NAME	Shirley Guinn	
STREET ADDRESS	12610 6TH ST.		STREET ADDRESS	1306 Greenwood Ave	
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/30/04</b> Daytime Phone <b>239-694-0029</b>		