2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751636

FILED Jan 15, 2004 Secretary of State

Entity Name: EAST POINT LITTLE LEAGUE OF MANGO, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 127 MANGO, FL 33550 **Current Mailing Address: New Mailing Address:** P.O. BOX 127 MANGO, FL 33550 FEI Number: 52-1225450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, SHERYL 4505 SÚMMERSUN CT TAMPA, FL 33610 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ALONSO, LORI ALONSO, LORI L Name: Name: 4908 REAGAN AVE Address: 4908 REAGAN AVE Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: () Change () Addition Name: JONES, SHERYL L Name: Address: 4505 SUMMERSUN CT Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: () Delete Title: (X) Change () Addition DRAL, REBECCA Name: DIAL, REBECCA L Name: 3907 GALLAGHER RD 3907 GALLAGHER RD Address: Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: **DOVER, FL 33527** Title: VΡ () Delete Title: (X) Change () Addition Name: HARRIS, GUS Name: WILLIAMS, KIMBERLY A 511 W OLD HILLS BOROUGH AVE 1216 CITRUS HILL CT Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: () Change (X) Addition WITT, MARK H Name: Name: 12606 SELAH RANCH LANE Address: Address: City-St-Zip: City-St-Zip: THONOTOSASSA, FL 33592 Title: () Delete Title: () Change (X) Addition BRIGGS, ROBIN M Name: Name: Address: Address: 811 CHESS PLACE SEFFNER, FL 33584 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 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 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: SHERYL JONES TD 01/15/2004