


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90030 032 ****61.25

DOCUMENT # 756920
 1. Entity Name
CALLAHAN LITTLE LEAGUE BASEBALL ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 889 **P.O. BOX 889**
CALLAHAN, FL 32011 **CALLAHAN, FL 32011**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2939596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREEN, CHRISTY
35045 GRETCHENS WAY
CALLAHAN, FL 32011

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, CHRISTY 35045 GRETCHENS WAY CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANTRELL, WILLIAM 55077 OLIFF ROAD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELANO, TARINA 44002 FLYNN ROAD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRET, BONITA 43075 SAND PINE AVENUE CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHALEY, RENEE 35110 GRETCHENS WAY CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEY, KEITH 35110 GRETCHENS WAY CALLAHAN, FL 32011

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Christy Green 1-31-06 904-338-1438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #