
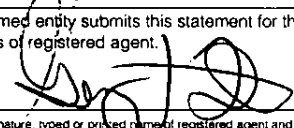
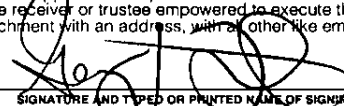


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90002 002 ****61.25

DOCUMENT # 757493					
1. Entity Name EUSTIS LITTLE LEAGUE, INC.					
Principal Place of Business 450 GOLFLINKS ROAD EUSTIS, FL 32726			Mailing Address PO BOX 1100 EUSTIS, FL 32727		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05142007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2114379	
				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			7. Name and Address of New Registered Agent		
FOWLER, JOLIE S PRESIDE PO BOX 350024 GRAND ISLAND, FL 32735			Name <u>Orta, George</u> President		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>36300 Fox Wood DR</u>		
			City <u>Eustis</u> FL Zip Code <u>32736</u>		
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 <u>5/14/2007</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GETFORD, SHERRY	NAME			
STREET ADDRESS	39701 EMERALDO ISLAND ROAD	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BURGESS, MIKE	NAME	<u>VP Johnson, Lori</u>		
STREET ADDRESS	151 BOARDMAN DRIVE	STREET ADDRESS	<u>36101 Huff</u>		
CITY-ST-ZIP	UMATILLA, FL 32784	CITY-ST-ZIP	<u>Eustis, FL 32736</u>		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRISWOLD, TINA	NAME			
STREET ADDRESS	PO BOX 1100	STREET ADDRESS			
CITY-ST-ZIP	EUSTIS, FL 32727	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			
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 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 other like empowered.					
SIGNATURE: 			DATE <u>5/16/2007</u>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		