2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758754

FILED Jun 15, 2009 Secretary of State

Entity Name: LAND O' LAKES LITTLE LEAGUE BASEBALL/SOFTBALL, INC.

Current Principal Place of Business: New Principal Place of Business:

COLLIER REC CENTER
COLLIER PARKWAY

LAND O' LAKES, FL 34639 US

Current Mailing Address: New Mailing Address:

P.O. BOX 11

LAND O' LAKES, FL 34639

FEI Number: 51-0256126 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:

HERBERT, DAVID G MR.

3509 PARKWAY BLVD

3341 PENDLETON WAY

LAND O' LAKES, FL 34639 US LAND O' LAKES, FL 34639 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: DENNIS PLAISTED 06/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 KETTERER, THOMAS MR.
 Name:
 PLAISTED, DENNIS MR.

 Address:
 COLLER REC CENTER
 Address:
 3341 PENDLETON WAY

Address: COLLER REC CENTER Address: 3341 PENDLETON WAY
City-St-Zip: LAND O' LAKES, FL 34639 City-St-Zip: LAND O' LAKES, FL 34639

(X) Change () Addition Title: VPD () Delete Title: Name: DUSEK, JAY Name: GONZALO, STEVE Address: 3749 HILLVIEW CT. Address: COLLIER REC CENTER City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O LAKES, FL 34639

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 HERBERT, DAVID
 Name:
 WITT, MICHELLE

 Address:
 3509 PARKWAY BLVD
 Address:
 COLLIER REC CENTER

 City-St-Zip:
 LAND O' LAKES, FL 34639
 City-St-Zip:
 LAND O' LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS PLAISTED DP 06/15/2009