

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90145 017 \*\*\*\*61.25

**DOCUMENT # 765579**

1. Entity Name

ANTIOCH LITTLE LEAGUE, INC.



Principal Place of Business

8510 FRANKLIN RD  
PLANT CITY FL 33566  
US

Mailing Address

P.O. BOX 683  
THONOTOSASSA FL 33592  
US

20051404



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1349813

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEST, CATHY  
1618 W. KNIGHTS GRIFFIN RD.  
PLANT CITY FL 33565

Name DOUGLAS MARTIN

Street Address (P.O. Box Numbers Not Acceptable)

2204 VILLAGE PARK RD APT 101

City PLANT CITY

FL

Zip Code 33563

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

Douglas Martin Douglas Martin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-15-05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GLISSON, SCOTT	
STREET ADDRESS	8217 TODD PL	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOLLING, BRET	
STREET ADDRESS	4822 JUSTIN LN	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GLISSON, DONNA	
STREET ADDRESS	8217 TODD PL	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, DARLENE	
STREET ADDRESS	14428 FARM LN	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BEST, CATHY	
STREET ADDRESS	1618 W. KNIGHTS GRIFFIN RD.	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED CARTER	
STREET ADDRESS	650 INDOORMAN RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	VIC PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN PROCTOR	
STREET ADDRESS	7105 KINNARD RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDY MORRY	
STREET ADDRESS	4405 IRL 3RD RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS MARTIN	
STREET ADDRESS	2204 VILLAGE PARK RD APT 101	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Douglas Martin Doug MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

813 877 5841

Daytime Phone #