


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90174 030 ****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
--	--

DO NOT WRITE IN THIS SPACE



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 52-1349813	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

MARTIN, DOUGLAS
 2204 VILLAGE PARK RD APT 101
 PLANT CITY, FL 33563

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: *Douglas Martin* **DOUGLAS MARTIN** DATE: **4-16-06**

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	P CARTER, ED 6501 N DORMANY RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PROCTOR, SUSAN 7105 KINNARD RD PLANT CITY, FL 33565 <i>PLEASE TAKE HER OFF THE LIST.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, LINDA 6605 IRE SMITH RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, DOUGLAS 2204 VILLAGE PARK RD APT 101 PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <i>CHERYLE CHANCEY</i> <i>4707 N. COOPER RD</i> <i>PLANT CITY FL 33565</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Douglas Martin* DATE: **4-16-06** DAYTIME PHONE #: **813 752 0692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR