2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767898

FILED Apr 26, 2009 Secretary of State

Entity Name: COUNTRYSIDE LITTLE LEAGUE, INC.

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

MISTY SPRINGS PARK SO. 100 SABAL SPRINGS DRIVE CLEARWATER, FL 33761 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 14955 CLEARWATER, FL 337664955

FEI Number: 59-2267373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARTOLOTTI, SHERYL L MRS 2902 LANDMARK WAY PALM HARBOR, FL 34684 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:

Flateria Circular FD video I Arrel

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: SURRATT, RODNEY Name: TINNY, DON
Address: 2031 CHARTER OAKS DRIVE Address: 3238 BLICKHORN

Address: 2031 CHARTER OAKS DRIVE Address: 3228 BUCKHORN
City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761

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

 Name:
 TAGIAFERRO, MICHAEL
 Name:
 TAGIAFERRO, MICHAEL

 Address:
 2692 ENTERPRISE ROAD #1304
 Address:
 1806 LAGO VISTA BLVD

 City-St-Zip:
 CLEARWATER, FL 33759
 City-St-Zip:
 PALM HARBOR, FL 34684

Title: T () Delete Title: () Change () Addition

 Name:
 BARTOLOTTI, SHERYL
 Name:

 Address:
 2902 LANDMARK WAY
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:

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: SHERYL BARTOLOTTI T 04/26/2009