

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90024 035 ****61.25

DOCUMENT # 836250 1. Entity Name THE POCKET TESTAMENT LEAGUE, INC.					
Principal Place of Business 11 TOLL GATE ROAD P.O. BOX 800 LITITZ, PA 17543 US			Mailing Address 2929 LITITZ PIKE LANCASTER, PA 17606 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40055430 	
City & State Zip Country		City & State Zip Country		02122007 Chg-NP CR2E037 (12/06)	
4. FEI Number 22-1616250				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Rick Lackore 13001 Bridleford Drive Gibsonton, FL 33534			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Rev. Rick Lackore</u> <u>Rev. Richard L. Ehr</u> <u>3/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	C HANNAY, ROGER 24 CR 412 WESTERLO, NY 12193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BARRINGER, WILLIAM 155 PEARCE PARKWAY PEARL RIVER, NY 10965	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAUFFMAN, ROBERT 390 SARSEN DRIVE LITITZ, PA 17543	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, LARRY 815 READING ROAD TERRE HILL, PA 17543	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUMMA, ELIZABETH 3312 COCHRAN DRIVE LANCASTER, PA 17601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAYBILL, AMMON 40 SUNSET CIRCLE LITITZ, PA 17543	<input type="checkbox"/> Delete			
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 an other like empowered.			SIGNATURE: <u>[Signature]</u> <u>3/12/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		