

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000721

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** POINCIANA LITTLE LEAGUE INC.

**Current Principal Place of Business:**

100 APPIAN WAY  
KISSIMMEE, FL 34758

**New Principal Place of Business:**

**Current Mailing Address:**

100 APPIAN WAY  
KISSIMMEE, FL 34758

**New Mailing Address:**

**FEI Number:** 59-3504457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MYERS, GREG  
100 APPIAN WAY  
KISSIMMEE, FL 34758 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MYERS, GREG PRES  
Address: 100 APPIAN WAY  
City-St-Zip: KISSIMMEE, FL 34758

Title: V  
Name: CRUZ, HARRY VICE P  
Address: 238 BECKENHAM DR  
City-St-Zip: KISSIMMEE, FL 34758

Title: T  
Name: CRUZ, RACHEL TREASUR  
Address: 238 BECKENHAM DR  
City-St-Zip: KISSIMMEE, FL 35758

Title: S  
Name: LOPEZ, LINDA SECRETA  
Address: 611 ELBRIDGE DR  
City-St-Zip: KISSIMMEE, FL 34758

Title: D  
Name: CASOBELLAS, VICTOR SAFETY  
Address: 611 ELBRIDGE DR  
City-St-Zip: KISSIMMEE, FL 34758

Title: D  
Name: RILEY, BRIAN PLAYER  
Address: 610 ELBRIDGE DR  
City-St-Zip: KISSIMMEE, FL 34758

I hereby 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 all other like empowered.

SIGNATURE: GREGORY MYERS

P

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date