

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000809

FILED
May 03, 2010
Secretary of State

Entity Name: GOLDEN GATE AMERICAN LITTLE LEAGUE, INC.

Current Principal Place of Business:

3350 GOLDEN GATE BLVD W
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

2941 INLET COVE LN E
NAPLES, FL 34120

New Mailing Address:

FEI Number: 52-2197946 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARIEPY, LEE
2941 INLET COVE LN E
NAPLES, FL 34120 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: SUAREZ, RICHARD PRES
Address: 1191 24TH AVE NE
City-St-Zip: NAPLES, FL 34117

Title: VP
Name: POLLING, DENNIS VP
Address: 2171 21ST SW
City-St-Zip: NAPLES, FL 34116

Title: T
Name: GARIEPY, LEE TREAS
Address: 2941 INLET COVE LANE
City-St-Zip: NAPLES, FL 34120

Title: S
Name: DORIA, MARIO SEC
Address: 889 GRAND RAPIDS BLVD
City-St-Zip: NAPLES, FL 34120

Title: AGEN
Name: SUAREZ, HOLLY P AGENT
Address: 1191 24TH AVE NE
City-St-Zip: NAPLES, FL 34117

Title: SAFE
Name: BOONE, JOHNNY SAFETY
Address: 2014 JACKLIN CT
City-St-Zip: NAPLES, FL 34120

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: LEE GARIEPY

TRES

05/03/2010

Electronic Signature of Signing Officer or Director

Date