2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N00000004019

Entity Name: PALMA CEIA LITTLE LEAGUE, INC.

Current Principal Place of Business:

4501 S HIMES AVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4501 S HIMES AVE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-3201959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSTLER, CHARLES A
110 E MADISON ST, STE 200
TAMPA, FL 33602 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: P ( ) Delete
Name: STANFORD, STEVE
Address: 3106 W. FAIR OAKS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VP ( ) Delete
Name: MARTIN, CHARLIE
Address: 3011 BAY VILLA AVE
City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete
Name: CARTER, JOHN
Address: 4609 LEONA ST
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: PIPPIN, JEFF
Address: 3134 KENSINGTON AVE.
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: PITISCI, LEE
Address: 3308 SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: LAURA ESTES D 01/21/2009

Electronic Signature of Signing Officer or Director — Date