

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006910

FILED
Apr 05, 2009
Secretary of State

Entity Name: JACKSON E. JONES LITTLE LEAGUE, INC.

Current Principal Place of Business:

1508 MISSISSIPPI AVE.
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1508 MISSISSIPPI AVE.
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3569078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, LEON
1508 MISSISSIPPI AVE.
LYNN HAVEN, FL 32444 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: PD () Delete
Name: MILLER, LEON
Address: 1508 MISSISSIPPI AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: VPD () Delete
Name: BUMBREY, RICHARD
Address: 425 EAST 19TH STR APT 201
City-St-Zip: PANAMA CITY, FL 32405

Title: STD () Delete
Name: MILLER, LOIS
Address: 1508 MISSISSIPPI AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: BT () Delete
Name: PLUMMER, JOHN
Address: 704 E PINE FOREST DR
City-St-Zip: LYNN HAVEN, FL 32444

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:

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: LEON MILLER

PD

04/05/2009

Electronic Signature of Signing Officer or Director

Date