

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000071

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: KEYSTONE LITTLE LEAGUE, INC.

## Current Principal Place of Business:

ED RADICE SPORTS COMPLEX  
ODESSA, FL 33556

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 604  
ODESSA, FL 33556

## New Mailing Address:

FEI Number: 59-3692774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKELTON, PATRICK W  
400 N. ASHLEY DR., #2300  
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: D ( ) Delete  
Name: HELICKE, CAROL  
Address: 18508 CRAWLEY RD.  
City-St-Zip: ODESSA, FL 33556

Title: TREA ( ) Delete  
Name: NAPOLITANO, ARLENE  
Address: 11006 NEST COURT  
City-St-Zip: ODESSA, FL 33556

Title: SEC ( ) Delete  
Name: GUTIERREZ, ROBYN  
Address: 18136 GUNN HIGHWAY  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: HELICKE, AL  
Address: 18508 CRAWLEY RD.  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: MITCHELL, LENNY  
Address: 16219 HOLYLAKE DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NAPOLITANO, GIL  
Address: 11006 NEST COURT  
City-St-Zip: ODESSA, FL 33556

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: D ( ) Change (X) Addition  
Name: MEDINA, JENNIFER  
Address: 19040 HUCKAVALLE RD  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBYN GUTIERREZ

SEC

04/15/2005

Electronic Signature of Signing Officer or Director

Date