

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000071

FILED
Apr 18, 2006
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: NAPOLITANO, GIL
Address: 11006 NEST COURT
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 (X) 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: D (X) Delete
Name: MEDINA, JENNIFER
Address: 19040 HUCKAVALLE RD
City-St-Zip: ODESSA, FL 33556

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
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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 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: ARLENE NAPOLITANO

TREA

04/18/2006

Electronic Signature of Signing Officer or Director

Date