2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N01000001126

Entity Name: NORTH MIAMI BEACH LITTLE LEAGUE, INC.

Current Principal Place of Business:

17011 NE 19TH AVE
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

PO BOX 600022
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-1078247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIENZLE, STEPHANIE
1653 NE 178 STREET
NORTH MIAMI BEACH, FL 33162 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: KIENZLE, STEPHANIE
Address: 1653 NE 178 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: V ( ) Delete
Name: BATES, ELLIE
Address: 801 NE 174 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S ( ) Delete
Name: CAMARA, ROXANA
Address: 310 NE 172 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T ( ) Delete
Name: WOLFSON, ALAN
Address: 368 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

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: ALAN WOLFSON T 01/08/2008

Electronic Signature of Signing Officer or Director — Date