

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 20, 2004
Secretary of State**

DOCUMENT# N01000003636

Entity Name: NORTHWEST AREA LITTLE LEAGUE, INC.

Current Principal Place of Business:

5304 MARY ANN LANE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5304 MARY ANN LANE
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-1855550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANFORD, KRISTIE
5304 MARY ANN LANE
ORLANDO, FL 32810

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: DP () Delete
Name: SANFORD, KRISTIE
Address: 5304 MARY ANN LANE
City-St-Zip: ORLANDO, FL 32810

Title: DS () Delete
Name: WILSON, LORI
Address: 980 VINE RIDGE RUN #307
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV () Delete
Name: ADAMITIS, CHERYL
Address: 3838 SHADY GROECIR
City-St-Zip: ORLANDO, FL 32810

Title: DT () Delete
Name: RENNEBU, LULIE
Address: 7716 MEADOWGLEN DRIVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: BLAIR, APRIL
Address: 3132 RIVERSIDE PARK ROAD
City-St-Zip: ORLANDO, FL 32810

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

Title: DT (X) Change () Addition
Name: WILSON, ANGIE
Address: 3132 RIVERSIDE PARK ROAD
City-St-Zip: ORLANDO, FL 32810

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: KRISTIE SANFORD

DP

05/20/2004

Electronic Signature of Signing Officer or Director

Date