∞2003 NOT-FOR-PROFIT CORPOR∕€TION UNIFORM BUSINESS REPORT (UBR

5/1: **Secretary of State** DOCUMENT # N0100003636 05-12-2003 90209 001 ****61.25 1. Entity Name NORTHWEST AREA LITTLE LEAGUE, INC. Principal Place of Business Mailing Address 220122029 6526 ROYAL TERN ST 6526 ROYAL TERN ST ORLANDO FL 32810 ORLANDO FL 32810 Lever a line high a a a complete and the the plant of all a 2. Principal Place of Business 3. Mailing Address same 7716 Meadowalen Day Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1855550 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired - - [7] Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWER SUE Address (P.O. Box Number is Not Acceptable) ... 6526 ROYAL TERN ST ORLANDO FL 32810 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE CATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE TITLE ☐ Change Delete LAWER, SUE NAME Julie hennebut 1716 meadouglen Drive NAME STREET ADDRESS 6526 ROYAL TERN ST STREET ADDRESS CITY-ST-ZIP orlando fl 32810 CITY-ST-7IP Orlando Delete TITLE Addition TITLE Change BAILEY, ORAL NAME Kristiē NAME STREET ADDRESS 2672 LAKE JACKSON STREET ADDRESS 5304 mw CITY-ST-ZIP apopka fl 32703° CITY-ST-ZIP orlando Change TITLE Delete TITLE Addition grady grove Circle NAME adamitis, cheryl NAME STREET ADDRESS 3838 SHADY GROECIR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TTRE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/F CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report cy-supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

CITY-ST-ZIP

CITY-ST-ZIP

Kenneby Treasuror 5-803

Jun 23, 2003 8:00 am