

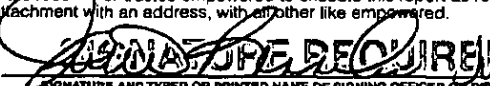


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/1

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-12-2003 90209 001 ***61.25

DOCUMENT # NO1000003636			
1. Entity Name NORTHWEST AREA LITTLE LEAGUE, INC.			
Principal Place of Business 6526 ROYAL TERN ST ORLANDO FL 32810		Mailing Address 6526 ROYAL TERN ST ORLANDO FL 32810	
2. Principal Place of Business 7716 meadowglen Drive		3. Mailing Address Same	
City & State Orlando FL		City & State Orlando FL	
Zip 32810		Country US	
4. FEI Number 59-1855550		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent LAWER, SUE 6526 ROYAL TERN ST ORLANDO FL 32810		7. Name and Address of New Registered Agent Name Julie Bennebu Street Address (P.O. Box Number is Not Acceptable) 7716 meadowglen Drive City Orlando FL Zip Code 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  Julie Bennebu Treasurer 5-8-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP <input checked="" type="checkbox"/> Delete NAME LAWER, SUE STREET ADDRESS 6526 ROYAL TERN ST CITY-ST-ZIP ORLANDO FL 32810	TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Julie Bennebu STREET ADDRESS 7716 meadowglen Drive CITY-ST-ZIP Orlando FL 32810	TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kristie Sanford STREET ADDRESS 5304 Maryann Drive CITY-ST-ZIP Orlando FL 32810	TITLE DVPIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Cheryl Adamitis STREET ADDRESS 3838 Shady Grove Circle CITY-ST-ZIP Orlando FL 32810
TITLE DP <input checked="" type="checkbox"/> Delete NAME BAILEY, ORAL STREET ADDRESS 2672 LAKE JACKSON CITY-ST-ZIP APOPKA FL 32703	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE DS <input checked="" type="checkbox"/> Delete NAME ADAMITIS, CHERYL STREET ADDRESS 3838 SHADY GROECIR CITY-ST-ZIP ORLANDO FL 32810	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing 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 or 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 5-8-03 Daytime Phone # 407-998-4180	

CR2E037 (10/02)