

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N01000007866

1. Entity Name

PALM COAST LITTLE LEAGUE, INC.



Principal Place of Business

**8 CARLOS COURT
PALM COAST, FL 32137**

Mailing Address

**PO BOX 352597
PALM COAST, FL 32135-2597**



04052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3753956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEWERS, FRED
8 CARLOS COURT
PALM COAST, FL 32137**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ESPOSITO, MICHAEL
5 FLINT PL
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ESPOSITO, SUSAN
5 FLINT PLACE
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EICHINGER, BRIAN
33 BRUCE LANE
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LEWERS, FRED
8 CARLOS COURT
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SECUR, TODD
7 BRUNING LN
PALM COAST, FL 32164**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/07

386-445-7000