

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N01101

1. Entity Name
**INDIAN RIVER COUNTY NATIONAL LITTLE LEAGUE,
INCORPORATED**



Principal Place of Business

**P.O. BOX 381
VERO BEACH, FL 32961 US**

Mailing Address

**P.O. BOX 381
VERO BEACH, FL 32961 US**



01282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, MIGUEL
847 4TH LANE
VERO BEACH, FL 32962**

**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 reinitiating)

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 PD
NAME CRUZ, MIGUEL
STREET ADDRESS 847 4TH LANE
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE V
NAME GARAVAGLIA, MICHAEL
STREET ADDRESS 1101 POITRAS DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE TS
NAME FUTCH, CAMRON
STREET ADDRESS 2019 SW 4TH AVE
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000618967
02/08/07-80052-011 61.25

**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:

Carl Futch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #