

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01101

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** INDIAN RIVER COUNTY NATIONAL LITTLE LEAGUE, INCORPORATED

**Current Principal Place of Business:**

1250 26 ST  
VERO BEACH, FL 32961 US

**New Principal Place of Business:**

1250 27TH ST  
VERO BEACH, FL 32960 US

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 381  
VERO BEACH, FL 32962 US

**FEI Number:** 90-0118421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HECKLER, JIM PRES.  
2266 14TH AVE SW  
VERO BEACH, FL 32962 US

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: JIM HECKLER

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HECKLER, JIM PRES.  
Address: 2266 14TH AVE SW  
City-St-Zip: VERO BEACH, FL 32962

Title: VP  
Name: DESTEPHEN, JOSEPH VP  
Address: 533 23ST SE  
City-St-Zip: VERO BEACH, FL 32962

Title: TS  
Name: JONES, JULIA TS  
Address: 446 15TH PL SW  
City-St-Zip: VERO BEACH, FL 32962

I hereby 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 all other like empowered.

SIGNATURE: JULIA JONES

TS

02/17/2011

Electronic Signature of Signing Officer or Director

Date