

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001611

FILED
Mar 21, 2004
Secretary of State

Entity Name: ROCKLEDGE LITTLE LEAGUE, INC.

Current Principal Place of Business:

994 BEACON ROAD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 560191
ROCKLEDGE, FL 32956

New Mailing Address:

994 BEACON ROAD
ROCKLEDGE, FL 32955

FEI Number: 51-0186018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOIST, MARY BETSI E
994 BEACON ROAD
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOIST, MARY BETSI E
Address: 994 BEACON ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: V () Delete
Name: MAY, RICKY
Address: 1335 ESTRIDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: V () Delete
Name: STEPINA, PAUL
Address: 2820 SHEPARD DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SCHOENEICH, LESLIE
Address: 1488 WELLINGTON CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: HALL, LYNN B
Address: 1432 VICTORIA BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SIBBITT, VICKI
Address: 830 PINE SHADOWS AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARY BETSI E. MOIST

D

03/21/2004

Electronic Signature of Signing Officer or Director

Date