2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# N02000006787

Entity Name: SOUTH LAKE LITTLE LEAGUE, INC.

Current Principal Place of Business:

1250 12TH STREET
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 120986
CLERMONT, FL 34712-098

New Mailing Address:

FEI Number: 59-3199560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HODGES, LEESA J
10108 LAKESHORE DRIVE
CLERMONT, FL 34711

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: PD ( ) Delete
Name: PITTS, MONICA
Address: 145 SUNNYSIDE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VD (X) Delete
Name: SMITH, SHANNON
Address: 1000 HADDOCK
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: HODGES, LEESA J
Address: 10108 LAKESHORE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Delete
Name: SMITH, CHRISTINE
Address: 1000 HADDOCK
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PITTS, MONICA
Address: 173 SUNNYSIDE DRIVE
City-St-Zip: CLERMONT, FL 34711

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

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: LEESA J. HODGES TD 09/08/2004

Electronic Signature of Signing Officer or Director — Date