

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002669

FILED
Jan 10, 2005
Secretary of State

Entity Name: CAPITAL PARK FLORIDA LITTLE MAJOR LEAGUE INC.

Current Principal Place of Business:

2532 WHISPER WAY
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2532 WHISPER WAY
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3116965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THURSTON, LEWIS S
2532 WHISPER WAY
TALLAHASSEE, FL 32308 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: THURSTON, LEWIS S
Address: 2532 WHISPER WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: SMITH, MICHAEL L
Address: 410 DUPONT DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: PARAMORE, ALICE
Address: 322 GRAND LAKES ST
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: BLACK, ANNA M
Address: 402 E. BREVARD ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FRAZIER, KENYATA
Address: 802 APACHE STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: D (X) Change () Addition
Name: HENDRICKSON, MARK A
Address: 1404 ALBAN AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Change (X) Addition
Name: BARRETT, JAMES R
Address: 4087 ROSCREA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

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: LEWIS S. THURSTON

D

01/10/2005

Electronic Signature of Signing Officer or Director

Date