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2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

## Feb 03, 2004 08:00 AM DOCUMENT # N03000003488 **Secretary of State** FLORIDA DISTRICT 11 - LITTLE LEAGUE BASEBALL INCORPORATED Principal Place of Business Mailing Address 3248 SEQUOYAH CIRCLE JAX FL 32259 3248 SEQUOYAH CIRCLE JAX FL 32259 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) ✔ Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GEIGER, LARRY Street Address (P.O. Box Number is Not Acceptable) 10801 WINGATE RD JAX FL 32218 City Zip Code 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 Rogistered Agent signature recrured when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TITLE Delete U00000027806 LEONARD, JACK NAME NAME 02/03/04-80061-018 70.00 3248 SEQUOYAH CIRCLE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32259 CITY-ST-ZIP CITY - ST-ZIP Addition Change ☐ Delete BILE TITLE TATUM, MIKE NAME MARKE 13147 LANIER ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP CITY-ST-Z Change Addition TITLE Delete T331 F DEAN, RUSTY NAME MAME 9031 4TH AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-ZIP City+ST-2IP Change ColifbbA 🔲 उधार Delete TITLE GEIGER, LARRY NAME NALE 10801 WINGATE RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition Change TITLE Delete TITLE GREEN, JIM NAME NAME 1617 HOLLY OAKS LAKE ROAD WEST STREET ADORESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY - ST-ZIP ☐ Change Addition BILE RELE Delete JERALDS, BRUCE NAME NAME 1879 LAKOTNA DRIVE STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CSTY-ST-ZIP 607Y-ST-78P 12. I hereby certify that the Information supplied with this filling does not qualify 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 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.

JACK LEONARD

**FILED**