2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-22-2004 90065 041 *****61.25

DOCUMENT # N03000004155 04 MAY -4 PM 6: 07 FLORIDA DISTRICK 23 LITTLE LEAGUE BASEBALL, INC. TÄLLAHASSEE, FLORIDA Principal Place of Business Mailing Address 451 FLORA CREEK CT 451 FLORA CREEK CT 24051310 LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 03-04404Z9 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIDES, RONALIG 451 FLORA CHEEK CT LAKE MARY FL 32746 Street Address (P.O. Box Number is Not Acceptable) 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, typic or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee & \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ΠP ☐ Delate TITLE Addition SIDES, RONALD G NAME NAME **451 FLORA CREEK CT** STREET ADDRESS STREET ADORESS The correct name on Original Application CITY-ST-ZIP LAKE MARY, FL 32748 CITY-ST-ZIP] Addition TITLE □ Delete TITLE POTTER DIANE NAME NAME 546 FREEMAN ST STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-ZIP TITLE -.TILE . Addition. FURIDA DISTRICT Z3, —
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OWNYOU Change ? CLARK, JANET NAME NAME STREET ADDRESS STREET ADDRESS 1128 CASSELWOOD TERRACE #212 CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-S1-ZIP Addition TINE Delete TITLE WOODBURN, KEN NAME NAME STREET ADDRESS 2842 BUCCANEER DR STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP ₹ŒLE Delete TITLE Addition NAME WITT, KATHY NAME **460 WILMINGTON CIRCLE** STREET ADDRESS STREET ADDRESS OVIEDO, FL 32765 CITY-ST-74P CITY-51-7P TITLE ☐ Detete TITLE - ____ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP City-St-ZIP 12. I hereby certify that the information supplied with this filing 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 bystee empowered to execute this opport 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 all address, with all other like empowered. SIGNATURE: