

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90008 012 \*\*\*\*70.00

**DOCUMENT # N03000004155**

1. Entity Name



FLORIDA DISTRICT 23 LITTLE LEAGUE BASEBALL, INC.

Principal Place of Business

2842 BUCCANEER DRIVE  
WINTER PARK FL 32792  
US

Mailing Address

2842 BUCCANEER DRIVE  
WINTER PARK FL 32792  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0440429

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODBURN, KEN  
2842 BUCCANEER DRIVE  
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME DP ☐ Delete  
WOODBURN, KEN  
STREET ADDRESS 2842 BUCCANEER DRIVE  
CITY ST ZIP WINTER PARK FL 32792

TITLE NAME DS ☒ Delete  
POTTER, DIANE  
STREET ADDRESS 546 FREEMAN ST  
CITY ST ZIP LONGWOOD FL 32750

TITLE NAME DT ☐ Delete  
STONE, CLIFF  
STREET ADDRESS 140 MARION LANE  
CITY ST ZIP CASSELBERRY FL 32707

TITLE NAME D ☒ Delete  
SIDES, RONALD  
STREET ADDRESS 451 FLORA CREEK CT  
CITY ST ZIP LAKE MARY FL 32746

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME DS ☐ Change ☒ Addition  
CLUXTON, DEBBIE  
STREET ADDRESS 1951 WRENVILLE LN  
CITY ST ZIP OVIEDO FL 32765

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *Clifford Stone* CLIFFORD STONE, DT

2-5-07

407-333-8419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #