2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N03000005596

Entity Name: NICEVILLE FOOTBALL LITTLE LEAGUE, INC.

Current Principal Place of Business:

530 WILD FLOWER CT.
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4093 BOND CIRCLE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 68-0558060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRI, DANIEL C
4 ELEVENTH AVE., STE. 1
SHALIMAR, FL 32579 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: P ( ) Delete
Name: TINNER, CORNELL
Address: 530 WILD FLOWER CT.
City-St-Zip: NICEVILLE, FL 32578

Title: VP ( ) Delete
Name: OELRICH, MIKE
Address: COUGAR CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete
Name: QUINN, MARY
Address: 4093 BOND CIRCLE.
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete
Name: WALTZ, RACHELLE
Address: 205 HONEYSUCKLE WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated in Chapter 119, 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: RACHELLE WALTZ S 05/01/2009

Electronic Signature of Signing Officer or Director — Date