## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010195

FILED Apr 29, 2008 Secretary of State

Entity Name: NORTH RIVER NATIONAL LITTLE LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

 9605 71 AVE. EAST
 8100 69TH STREET EAST

 PALMETTO, FL 34221
 PALMETTO, FL 34221

Current Mailing Address: New Mailing Address:

PO BOX 556

ELLENTON, FL 34222

**OFFICERS AND DIRECTORS:** 

FEI Number: 65-0623514 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEMICK, LARRY PRES NODHOLM, DANIEL DIR.
9605 71 AVE. EAST 5449 80TH AVE CIR E
PALMETTO, FL 34221 US PALMETTO, FL 34221 US

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: DANIEL NODHOLM 04/29/2008

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Date

itle: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 KEMICK, LAWRENCE
 Name:
 TAYLOR, TIM

 Address:
 3626 US HWY 301
 Address:
 PO BOX 556

 City-St-Zip:
 ELLENTON, FL 34222
 City-St-Zip:
 ELLENTON, FL 34222

Title: PG ( ) Delete Title: VP (X) Change ( ) Addition Name: TAYLOR, TIM Name: DURSO, JEFF

 Address:
 9605 71 AVE. EAST
 Address:
 PO BOX 556

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 ELLENTON, FL 34222

Title: UP ( ) Delete Title: IO (X) Change ( ) Addition
Name: CALLAHAN, KEN Name: NODHOLM, DANIEL DIR

Address: 7805 55TH ST. EAST Address: PO BOX 556

City-St-Zip: PALMETTO, FL 34221 City-St-Zip: ELLENTON, FL 34222

 Name:
 MCKEAGE, JAY
 Name:
 MCKEAGE, JAY

 Address:
 6012 61ST STREET COUR E
 Address:
 PO BOX 556

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 ELLENTON, FL 34222

Title: T () Delete Title: T (X) Change () Addition

 Name:
 SHULTZ, TIM
 Name:
 NERI, JOANN

 Address:
 9605 71 AVE. EAST
 Address:
 PO BOX 556

 City-St-Zip:
 PARRISH, FL 34219
 City-St-Zip:
 ELLENTON, FL 34222

Oly 002p. 174(Mort, 12 04270

 Title:
 SOL () Delete
 Title:

 Name:
 LOVY, GAIL
 Name:

 Address:
 PO BOX 556
 Address:

 City-St-Zip:
 ELLENTON, FL 34222
 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: DANIEL NODHOLM IO 04/29/2008