2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010195

FILED Jun 18, 2009 Secretary of State

Entity Name: NORTH RIVER NATIONAL LITTLE LEAGUE, INC.

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

8100 69TH STREET EAST PALMETTO, FL 34221

Current Mailing Address: New Mailing Address:

PO BOX 556

ELLENTON, FL 34222

FEI Number: 65-0623514 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: Name and Address of New Registered Agent:

NODHOLM, DANIEL DIR.

5449 80TH AVE CIR E

PALMETTO, FL 34221 US

DURSO, JEFF PRES

3411 155TH AVE E

PARRISH, FL 34219 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: JEFF DURSO 06/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ELLENTON, FL 34222

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ELLENTON, FL 34222

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

 Name:
 TAYLOR, TIM
 Name:
 DURSO, JEFF

 Address:
 PO BOX 556
 Address:
 3411 155TH AVE E

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

 Name:
 DURSO, JEFF
 Name:
 BENCH, DANNY VP

 Address:
 PO BOX 556
 Address:
 PO BOX 556

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

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

Name: NODHOLM, DANIEL DIR Name: DICKERMAN, DAN

 Address:
 PO BOX 556
 Address:
 PO BOX 556

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

Title: D () Delete Title: () Change () Addition

 Name:
 MCKEAGE, JAY
 Name:

 Address:
 PO BOX 556
 Address:

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

 Name:
 NERI, JOANN
 Name:
 LEVY, GAIL

 Address:
 PO BOX 556
 Address:
 PO BOX 556

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

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

 Name:
 LOVY, GAIL
 Name:
 GRIFFIN, MARK

 Address:
 PO BOX 556
 Address:
 PO BOX 556

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.

City-St-Zip:

SIGNATURE: JEFF DURSO PRES 06/18/2009

Electronic Signature of Signing Officer or Director

Date