

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

05-24-2005 90121 009 \*\*\*\*61.25

**DOCUMENT # N03677**

1. Entity Name  
**PINECREST LITTLE LEAGUE, INC.**



Principal Place of Business  
9312 S.R. 39 SOUTH  
P.O. BOX 733  
LITHIA, FL 33547 US

Mailing Address  
S.R. 39 SOUTH  
P.O. BOX 733  
LITHIA, FL 33547



05142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2387488**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WEBB, DANIEL L**  
4451 W. KEYSVILLE RD.  
PLANT CITY, FL 33567

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IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	POWERS, SCOTT
STREET ADDRESS	15028 EAGLERISE DR.
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	S
NAME	<del>EGGOLD, JAMES</del> Greenwood, Brenda
STREET ADDRESS	7701 LITHIA-PINECREST RD/4911 Lane Pine Hollow way
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	T
NAME	<del>ROSS, ROBIN</del> Koss
STREET ADDRESS	8840 CAREY RD
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	VP
NAME	DAVIS, TEDDY
STREET ADDRESS	6510 DURANT RD.
CITY-ST-ZIP	DURANT, FL 33530
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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:** *Daniel L. Webb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-21-05 813-737-4347**  
Date Daytime Phone #