


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
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05142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2387488	Applied For Not Applicable
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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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP POWERS, SCOTT 15028 EAGLERISE DR. LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EGGOLD, JAMES Greenwood, Brenda 7701 LITHIA PINECREST RD. 14911 Lane Pine Hollow LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, ROBIN Koss 8840 CAREY RD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, TEDDY 6510 DURANT RD. DURANT, FL 33530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 5-21-05 813-737-4347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #