


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90248 028 \*\*\*\*70.00

**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
--	--

400011-



04122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2387488</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

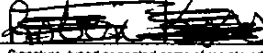
6. Name and Address of Current Registered Agent

~~WEBB, DANIEL L~~  
~~4451 W. KEYSVILLE RD.~~  
~~PLANT CITY, FL 33667~~

*Powers, Scott*  
*15028 Eaglerise Dr.*  
*Lithia, FL 33547*

**DO NOT WRITE 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 May 1, 2006**

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 <i>Smith, David A.</i> <del>16028 EAGLERISE DR.</del> <i>1405 Buel Ct.</i> <del>LITHIA, FL 33547</del> <i>Plant City, FL 33567</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>GREENWOOD, BRENDA</del> <i>Patrigiani, Natasha</i> <del>44911 LANE HOLLOW WAY</del> <i>10408 Ashley Oaks Dr.</i> <del>LITHIA, FL 33547</del> <i>Riverview, FL 33569</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSS, ROBIN 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	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robin Koss* **Robin Koss** *May 1, 2006* **813-404-4629**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #