


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90045 012 ****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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

07172008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
POWERS, SCOTT
15028 EAGLERISE DR.
LITHIA, FL 33547

TEDDY DEESE
3343 NICHOLS RD
LITHIA, FL
33547

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL Zip Code

4. FEI Number
59-2387488

Applied For
 Not Applicable

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

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 *Teddy Deese* - Pres. DATE **7-25-08**

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 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DAVID A 1405 BUEN CT. PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete LAMAN MORGAN P.O. Box 76 LITHIA FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRIGNANI, NATASHA 10408 ASHLEY OAKS DR. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete Brenda Greenwood 14911 Lone Pine Hollow Way Lithia, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSS, ROBIN 8840 CAREY RD LITHIA, FL 33547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, TEDDY 6510 DURANT RD. DURANT, FL 33530	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE **7/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR