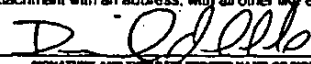


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

02-14-2005 90043 050 ****61.25

DOCUMENT # N04000000443			
1. Entity Name NORTH BRANDON LITTLE LEAGUE, INC.			
Principal Place of Business 2915 NORTH KINGSWAY AVENUE BRANDON, FL 33510		Mailing Address P.O. BOX 452 BRANDON, FL 33509	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1778709		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIZEAR, RICHARD C. 1316 HATCH PLACE VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Dan Oddo Street Address (P.O. Box Number is Not Acceptable) 1203 Belladonna Drive City Brandon FL Zip Code 33510	
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 		Dan Oddo 2-3-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Block check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	P	☒ Delete	
NAME	LEIZEAR, RICHARD C		
STREET ADDRESS	1316 HATCH PLACE		
CITY-ST-ZIP	VALRICO, FL 33594		
TITLE	S	☐ Delete	
NAME	ODDO, DAN		
STREET ADDRESS	1203 BELLADONNA DRIVE		
CITY-ST-ZIP	BRANDON, FL 33510		
TITLE	T	☒ Delete	
NAME	AUSTIN, JOANNE		
STREET ADDRESS	901 SANDYWOOD DRIVE		
CITY-ST-ZIP	BRANDON, FL 33510		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Leslie Martin	☐ Change ☒ Addition	
NAME	Secretary		
STREET ADDRESS	1405 Oxfordshire Court		
CITY-ST-ZIP	Brandon, FL 33510		
TITLE	President	☒ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Treasurer	☐ Change ☒ Addition	
NAME	Amy Williams		
STREET ADDRESS	1110 Lakemont Dr.		
CITY-ST-ZIP	Valrico FL 33594		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		2-3-05 813-837-2451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66007606



01262005 Chg-NP CR2E037 (10/03)