# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**
**Mar 28, 2005 8:00 am**
**Secretary of State**
02-14-2005 90043 050 ****61.25

66007606

DOCUMENT # N04000000443

1. Entity Name
NORTH BRANDON LITTLE LEAGUE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2915 NORTH KINGSWAY AVENUE<br>BRANDON, FL 33510 | P.O. BOX 452<br>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 |

01262005 Chg-NP CR2E037 (10/03)

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 D - Oddo Dan Oddo 2-3-05
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, 2005**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>LEIZEAR, RICHARD C<br>1316 HATCH PLACE<br>VALRICO, FL 33594 | ☒ Delete | Leslie Martin<br>Secretary<br>1405 Oxfordshire Court<br>Brandon, FL 33510 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ODDO, DAN<br>1203 BELLADONNA DRIVE<br>BRANDON, FL 33510 | ☐ Delete | President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>AUSTIN, JOANNE<br>901 SANDYWOOD DRIVE<br>BRANDON, FL 33510 | ☒ Delete | Treasurer<br>Amy Williams<br>1110 Lakemont Dr.<br>~~Brandon, FL 33594~~<br>Valrico 33594 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** D - Oddo 2-3-05 813-837-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #