

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 020 ****70.00

DOCUMENT # N04000006012

1. Entity Name
YULEE LITTLE LEAGUE, INC.



Principal Place of Business
**686 GOODBREAD DRIVE
YULEE, FL 32097**

Mailing Address
**P.O. BOX 1243
YULEE, FL 32041-1243**

40000601



2. Principal Place of Business - No P.O. Box #
86142 Goodbread Dr.

Suite, Apt. #, etc.

3. Mailing Address
ABOVE

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State
Yulee FL

City & State

4. FEI Number
51-0429512

Applied For
Not Applicable

Zip
32097

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**WILLIAMS, MELISSA D
85245 BLACKMON RD
YULEE, FL 32097**

7. Name and Address of New Registered Agent

Name **ROGER LINVILLE**

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

86147 ~~Goodbread~~ Robin Road

City **YULEE**

FL

Zip Code
32097

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]

ROGER L. LINVILLE

1-5-07

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, 2007**

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 **D** ☐ Delete
NAME **SIKES, MONICA**
STREET ADDRESS **87471 HAVEN ROAD**
CITY-ST-ZIP **YULEE, FL 32097**

TITLE **D** ☐ Delete
NAME **LINVILLE, ROGER**
STREET ADDRESS **P.O. BOX 1931**
CITY-ST-ZIP **YULEE, FL 32041**

TITLE **D** ☒ Delete
NAME **DAUGHTRY, CONNIE**
STREET ADDRESS **2536 WINGATE LANDING ROAD**
CITY-ST-ZIP **YULEE, FL 32097**

TITLE **D** ☐ Delete
NAME **SMITH, BARRY**
STREET ADDRESS **1655 CALLAWAY DRIVE**
CITY-ST-ZIP **YULEE, FL 32097**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

[Signature]

ROGER L. LINVILLE

1-5-07

904-225-8114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #