2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000001059

Entity Name: SOUTHWEST LITTLE LEAGUE, INC.

Current Principal Place of Business:

C/O CITY OF ST. PETE BEACH HURLEY FIELD
1500 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

1020 BOCA CIEGA ISLE
ST. PETE BEACH, FL 33706

New Mailing Address:

FEI Number: 59-3288529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAMBLIN, DONALD E
1010 BOCA CIEGA ISLE
ST. PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STALKER, MARK
Address: 345 BELLE POINT DR
City-St-Zip: ST. PETE BEACH, FL 33706

Title: VP ( ) Delete
Name: COOPER, JOE
Address: 503 69TH AVE.
City-St-Zip: ST. PETE BEACH, FL 33706

Title: TRE ( ) Delete
Name: SHAMBLIN, DON
Address: 1020 BOCA CIEGA ISLE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: SEC ( ) Delete
Name: SHAMBLIN, DON
Address: 1020 BOCA CIEGA ISLE
City-St-Zip: ST. PETE BEACH, F 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD SHAMBLIN TRE 04/29/2009

Electronic Signature of Signing Officer or Director — Date