


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000001749</b> 1. Entity Name <b>CLEARWATER LITTLE LEAGUE, INC.</b>	
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Principal Place of Business <b>714 SATURN AVE. CLEARWATER, FL</b>	Mailing Address <b>2187 BRAMBLEWOOD DRIVE CLEARWATER, FL 33763</b>
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01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6555631</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CAPRARA, LOU 2187 BRAMBLEWOOD DRIVE CLEARWATER, FL 33763</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000664286  
03/22/07 00037-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOREN, KEITH 1627 SCOTT ST CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ODUM, MIRIAM 714 SATURN AVE. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRUITT, PEGGY 714 SATURN AVE. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAPRARA, LOU 714 SATURN AVE. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEIKEKE, JAMIE 714 SATURN AVE. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYSLYCKI, TONY 714 SATURN AVE. CLEARWATER, FL

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IN THIS SPACE**

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:** *Louis J. Caprara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/07*  
Date

*(627) 736-0502*  
Daytime Phone #