

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90015 045 \*\*\*\*70.00

<b>DOCUMENT # N05000001749</b> 1. Entity Name <b>CLEARWATER LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>714 SATURN AVE. CLEARWATER, FL</b>			Mailing Address <b>2187 BRAMBLEWOOD DRIVE CLEARWATER, FL 33763</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6555631</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAPRARA, LOU 2187 BRAMBLEWOOD DRIVE CLEARWATER, FL 33763</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOREN, KEITH 1627 SCOTT ST CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVF ODUM, MIRIAM 714 SATURN AVE. CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PRUITT, PEGGY 714 SATURN AVE. CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHAWN BLAUVELT 15 N. MARIS AVE CLW FL 33755 Player Agent	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CAPRARA, LOU 714 SATURN AVE. CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEIKEKE, JAMIE 714 SATURN AVE. CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	JAMES R SCHEUERMAN 1440 ORANGE ST CLW FL 33756 CHALLENGER V.P.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYSLYCKI, TONY 714 SATURN AVE. CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ANDREW BLAUVELT 15 N. MARIS AVE CLW FL 33755 UNIFORM MANAGER	
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.					
<b>SIGNATURE: LOUIS J. CAPRARA JR</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					