

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001749

FILED
Jan 06, 2009
Secretary of State

Entity Name: CLEARWATER LITTLE LEAGUE, INC.

Current Principal Place of Business:

714 SATURN AVE.
CLEARWATER, FL

New Principal Place of Business:

Current Mailing Address:

2187 BRAMBLEWOOD DRIVE
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 59-6555631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPRARA, LOU
2187 BRAMBLEWOOD DRIVE
CLEARWATER, FL 33763 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: BOREN, KEITH
Address: 1627 SCOTT ST
City-St-Zip: CLEARWATER, FL 33755

Title: EVP () Delete
Name: ODUM, MIRIAM
Address: 714 SATURN AVE.
City-St-Zip: CLEARWATER, FL

Title: PA () Delete
Name: BLAVVAIT, SHAWNA
Address: 15 N MARS AVE
City-St-Zip: CLEARWATER, FL 33755

Title: DT () Delete
Name: CAPRARA, LOU
Address: 714 SATURN AVE.
City-St-Zip: CLEARWATER, FL

Title: VP () Delete
Name: SCHEUERMAN, JAMES
Address: 1440 ORANGE STREET
City-St-Zip: CLEARWATER, FL 33756

Title: UM () Delete
Name: BLAUVICH, ANDREW
Address: 15 N MARS AVE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLAUVICH, ANDREW
Address: 15 N MARS AVE
City-St-Zip: CLEARWATER, FL 33755

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:

Title: UM (X) Change () Addition
Name: BORDEN, KEITH
Address: 1627 SCOTT ST
City-St-Zip: CLEARWATER, FL 33755

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: LOUIS J CAPRARA JR

DT

01/06/2009

Electronic Signature of Signing Officer or Director

Date