## 2006 NOT-FOR-PROFIT CORPORATION

## Jul 10, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # N05000004228** 07-10-2006 90028 030 \*\*\*\*61.25 OPTIMIST CLUB OF KENDALL HAMMOCKS LITTLE LEAGUE, INC. Principal Place of Business Mailing Address 11340 SW 156 AVE 11340 SW 156 AVE MIAMI, FL 33196 MIAMI, FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 Chg-NP CR2E037 (4/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENGLE, AL 11340 SW 156 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33196 Zip Code 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? 6.5.0b SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by September 6, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ENGLE, AL NAME NAME STREET ADDRESS 11340 SW 156 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME MEDINA, ED NAME 11340 SW 156 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME TEKERMAN, GREGG NAME 11340 SW 156 AVE STREET ADDRESS STREET ADDRESS CITY-ST-7/P MIAMI, FL 33196 CITY-ST-7IP ☐ Detete TITLE ☐ Change □ Addition BARBELLA, NICHOLAS NAME NAME 11340 SW 156 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED