

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010116

FILED
Sep 10, 2007
Secretary of State

Entity Name: MIRACLE LEAGUE OF FLORIDA, INC.

Current Principal Place of Business:

15023 GULF BOULEVARD
MADEIRA BEACH, FL 33708

New Principal Place of Business:

4615 GULF BOULEVARD SUITE 201
MADEIRA BEACH, FL 33708

Current Mailing Address:

PO BOX 8412
MADEIRA BEACH, FL, FL 33738

New Mailing Address:

FEI Number: 76-0806757 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEE, EDWIN A
13200 3RD STREET EAST SUITE 1
MADEIRA BEACH, FL 33708 US

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: PD () Delete
Name: LEE, EDWIN A
Address: 15023 GULF BLVD.
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VSTD () Delete
Name: LEE, LEON T
Address: 14018 WEST PARSLEY
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: MIKSCH, DIANE
Address: 4615 GULF BLVD.SUITE 201
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEE, EDWIN A
Address: 4615 GULF BLVD SUITE 201
City-St-Zip: ST PETE BEACH, FL 33706

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: EDWIN A. LEE

PD

09/10/2007

Electronic Signature of Signing Officer or Director

Date