

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90026 047 ****70.00

DOCUMENT # N05000010832					
1. Entity Name THE OCALA EARL BATTEY BASEBALL LEAGUE, INC.					
Principal Place of Business 3900 SW 22ND ST. OCALA, FL 34474			Mailing Address 3900 SW 22ND ST. OCALA, FL 34474		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-4311654	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				08292006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICHOLS, CHARLIE M 3900 SW 22ND ST. OCALA, FL 34474			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL, LARMONICA D		NAME	Tjuana Jenkins Woods	
STREET ADDRESS	6312 SE 41ST CT.		STREET ADDRESS	1818 NW 24th CT.	
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP	OCALA, FL 34475	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, OLDEN		NAME		
STREET ADDRESS	3194 NW 16TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLAHAN, RICHARD J		NAME	Ora Lee Jackson	
STREET ADDRESS	4485 NE 3RD CT.		STREET ADDRESS	1410 NW 18th CT.	
CITY-ST-ZIP	OCALA, FL 34479		CITY-ST-ZIP	OCALA, FL 34475	
TITLE	TRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, CHARLIE M		NAME		
STREET ADDRESS	3900 SW 22ND ST.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Charlie Nichols</i>		Date: <i>9/1/06</i>		Daytime Phone #: <i>(352) 622-1661</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					