
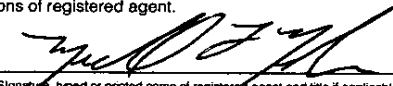
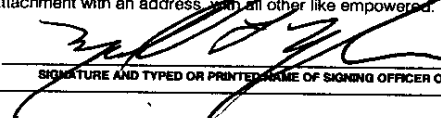


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90078 015 \*\*\*\*61.25

<b>DOCUMENT # N06979</b>							
1. Entity Name NORTHWEST VOLUSIA LITTLE LEAGUE BASEBALL ASSOCIATION, INC.							
Principal Place of Business 174 W WASHINGTON AVE POST OFFICE BOX 81 PIERSON, FL 32180 US			Mailing Address PO BOX 81 POST OFFICE BOX 81 PIERSON, FL 32180 US				
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 10-0090700			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NOLAN, MICHAEL 952 SHAW LAKE RD PO BOX 213 PIERSON, FL 32180			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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOLAN, MICHAEL		NAME				
STREET ADDRESS	952 SHAW LAKE RD		STREET ADDRESS				
CITY-ST-ZIP	PIERSON, FL 32180		CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, MICHAEL W		NAME	CAMPBELL, MATT			
STREET ADDRESS	PO BOX 273		STREET ADDRESS	2049 Reynolds Rd			
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130		CITY-ST-ZIP	DeLeon Springs FL 32130			
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HULSEY, DIANE		NAME				
STREET ADDRESS	PO BOX 564		STREET ADDRESS				
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRY, MICAH		NAME				
STREET ADDRESS	2220 MCBRIDE		STREET ADDRESS				
CITY-ST-ZIP	SEVILLE, FL 32190		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 exemption stated in Section 119.07(3)(i), 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 empowerments.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							



02242005 Chg-NP CR2E037 (10/03)