

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 20, 2006
Secretary of State**

DOCUMENT# N06979

Entity Name: NORTHWEST VOLUSIA LITTLE LEAGUE BASEBALL ASSOCIATION, INC.

Current Principal Place of Business:

174 W WASHINGTON AVE
POST OFFICE BOX 81
PIERSON, FL 32180 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 81
POST OFFICE BOX 81
PIERSON, FL 32180 US

New Mailing Address:

FEI Number: 10-0090700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, MICHAEL
952 SHAW LAKE RD
PO BOX 213
PIERSON, FL 32180 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: PD () Delete
Name: NOLAN, MICHAEL
Address: 952 SHAW LAKE RD
City-St-Zip: PIERSON, FL 32180

Title: VD () Delete
Name: CAMPBELL, MATT
Address: 2049 REYNOLDS RD
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: SD () Delete
Name: HULSEY, DIANE
Address: PO BOX 564
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: TD () Delete
Name: HENRY, MICAH
Address: 2220 MCBRIDE
City-St-Zip: SEVILLE, FL 32190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BARKER, SUZANNE
Address: 5861 HOUND RUN ROAD
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL NOLAN

PD

02/20/2006

Electronic Signature of Signing Officer or Director

_____ Date