

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 07, 2008  
Secretary of State**

DOCUMENT# N06979

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

**Current Principal Place of Business:**

174 W WASHINGTON AVE  
PIERSON, FL 32180 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO 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 ( )**  
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:**

RODRIGUEZ, WILLIAM D  
1515 ORMANDS JUNGLE DEN RD  
ASTOR, FL 32102 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: RODRIGUEZ, WILLIAM D  
Address: 1515 ORMANDS JUNGLE DEN RD  
City-St-Zip: ASTOR, FL 32102

Title: VD ( ) Delete  
Name: COWART, TOM  
Address: 334 LITTLE BROWN CHURCH RD  
City-St-Zip: SEVILLE, FL 32109

Title: SD ( ) Delete  
Name: PETERSON, BRANDY  
Address: 382 SHAW LAKE RD  
City-St-Zip: PIERSON, FL 32180

Title: TD ( ) Delete  
Name: HAGSTROM-RODRIGUEZ, KIRSTEN  
Address: 1515 ORMANDS JUNGLE DEN RD  
City-St-Zip: ASTOR, FL 32102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: WILLIAM D RODRIGUEZ

PD

05/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date