

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 17, 2009
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 ()**

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: KIRSTEN HAGSTROM-RODRIGUEZ

TD

03/17/2009

Electronic Signature of Signing Officer or Director

Date