2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

10 MAR 10 PM 4: 12

19 19 F 12 36

1. Entity Nam	MENT # N07000011 IDE LITTLE LEAGUE BASE				RETARY AHASSE	•		
4920 SW 17	e of Business TH STREET VALE, FL 33317	Mailing Address 4920 SW 17TH STREET FT LAUDERDALE, FL 333	317		018847: 100101501	-	7.50	
	Mace of Business - No P.O. Box # SW./7 Street # etc.	3. Mailing Address 4920 S.W. Suite. Apt. #, etc	17 Stree	-	g-NP CR2E	037 (11/08)		
City & State Ft. Lauderdale, FL Ft. Lauderdal			le,FL	FL 4. FEt Number 65-0209233 Applied For Not Applicable				
333/ <u>′</u>		33317	Country	5. Certificate of Sta		\$8.75 Add Fee Require		
				7. Name and Address of New Registered Agent Name 7. C. 11.				
FAILLACE, TONI 4920 SW 17TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE, FL 33317				492075.W. 17 Street				
				uderdale	F		317	
the obligat	Signature typed or printed name of registered agent	Male applicable (NOTE: R	egistered Agent signature req	used when reinstating)	3/4 DATE	10		
	Filing Fee is \$61.25 Due by May 1, 2010		9. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	PIRECTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAILLACE, TONI 4920 SW 17TH STREET FT LAUDERDALE, FL 33317	☐ Detete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBSTER, CHUCK 3100 SW 23RD STREET FT LAUDERDALE, FL 33312	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, BELINDA 3425 RIVERLAND RD. FT LAUDERDALE, FL 33312	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M 3/11)		☐ Change	Maddition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADORESS CITY-S1-ZIP	, , , , , , , , , , , , , , , , , , , 		Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition	

12. Thereby certify that the information supplied with this filling 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 eath; 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 of the corporation or the recei changed, or on an attachmen

THLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Addition