2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N07000012119

Entity Name: LABELLE LITTLE LEAGUE INC

Current Principal Place of Business:

150 SOUTH MAIN ST
SUITE 1
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 637
LABELLE, FL 33975

New Mailing Address:

FEI Number: 59-2116996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGINBOTHAM & SOUD PA CPAS
150 SOUTH MAIN ST
SUITE 1
LABELLE, FL 33935 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: P ( ) Delete
Name: SPOONER, STEPHEN H
Address: 715 CR 830
City-St-Zip: FELDA, FL 33930

Title: VP ( ) Delete
Name: O'FERRELL, WENDY
Address: 150 S MAIN ST
City-St-Zip: LABELLE, FL 33935

Title: T ( ) Delete
Name: HALL, KEITH
Address: 2696 HOWARD ROAD
City-St-Zip: LABELLE, FL 33935

Title: S ( ) Delete
Name: PERKINS, KIM
Address: 150 SOUTH MAIN ST
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: ROSBOUGH, SHERRI
Address: 150 S MAIN ST
City-St-Zip: LABELLE, FL 33935

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: KEITH HALL T 02/18/2009
Electronic Signature of Signing Officer or Director — Date