

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000472

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** CHARLOTTE COUNTY LITTLE LEAGUE SOFTBALL, INC.

**Current Principal Place of Business:**

213 CORUMBA ST  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

213 CORUMBA ST  
PUNTA GORDA, FL 33983

**New Mailing Address:**

**FEI Number:** 75-3253264      **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:**

FINING, EDWARD K  
213 CORUMBA ST  
PUNTA GORDA, FL 33983      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: STERLING, REX  
Address: 89 KENTUCKY AVE  
City-St-Zip: ARCADIA, FL 34266

Title: VP ( ) Delete  
Name: FINING, ED  
Address: 213 CORUMBA ST  
City-St-Zip: PUNTA GORDA, FL 33983

Title: S ( ) Delete  
Name: PERALTA, BOBBIEJEAN  
Address: 516 ALLEN ST  
City-St-Zip: PUNTA GORDA, FL 33950

Title: T ( ) Delete  
Name: FINING, BARBARA  
Address: 213 CORUMBA ST  
City-St-Zip: PUNTA GORDA, FL 33983

Title: PA ( ) Delete  
Name: ALICEA, GABE  
Address: 25066 BOLIVAR BLVD  
City-St-Zip: PUNTA GORDA, FL 33983

Title: SO ( ) Delete  
Name: RITTER, BILL  
Address: 717 VINCA ROSEA  
City-St-Zip: PUNTA GORDA, FL 33955

**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:

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: ED FINING

VP

07/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date