2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 04, 2008 8:00 am Secretary of State

DOCUMENT # N11110 1. Entity Name EAU GALLIE LITTLE LEAGUE, INCORPORATED									09-04-2008	3 90045 0	30 ****61	.25
Principal Place of Business 1550 FERNADALE ROAD MELBOURNE, FL 32935			Mailing Address 4091 SPARROW HAWK ROAD MELBOURNE, FL 32935									
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08222008	Chg-NP	CR2E	037 (12/06)		
City & State		City & State					4. FEI Numb NOT AF	PPLICABLE		<u> </u>	oplied For ot Applicable	
Zip	Zip Country		Zip C			intry		5. Certificate	of Status Desired	d []	\$8.75 Ade	
	6. Name	and Address of Curren	t Registere	Registered Agent				7. Name and	Address of Nev	w Registere	d Agent	
STEWART, SCOTT						Name						
4091 SPARROW HAWK ROAD MELBOURNE, FL 32935						Street Address (P.O. Box Number is Not Acceptable)						
						City		·		F	L Zip Coo	le
the obligat	tions of regis	ty submits this statement i tered agent.	for the purp	oose of changing its	register	ed office o	r register	red agent, or bo	th, in the State of	Florida. I a	m familiar with	, and accept
SIGNATURE												
SIGNATURE		d or printed name of registered ager	nt and title if app	plicable. (NOTE	E: Registere	d Agent signal	ture required	d when reinstating)		DATE	:	
	Signature, typed	d or printed name of registered ager see is \$61.25 ptember 12, 2008	nt and title if app	9. Election Can Trust Fund C	npaign F	inancing	ture required	\$5.00 May E	3e F	Make che	ck payable t	
	Signature, typed	ee is \$61.25		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May B	Be F	Make che lorida Dep	ck payable t artment of S	tate
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12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Chern SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR