


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90091 014 \*\*\*\*70.00

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>DOCUMENT # N13087</b><br>1. Entity Name<br>NORTH POMPAÑO BEACH LITTLE LEAGUE, INC.   |   |   |   |  |   |
| Principal Place of Business<br>4400 NE 18 AVE<br>POMPAÑO BEACH, FL 33064 US   |   |   | Mailing Address<br>P.O. BOX 5817<br>LIGHTHOUSE POINT, FL 33074 US   |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |
| City & State  |   |   | City & State  |   |   |
| Zip   |   | Country   |   | 05012005 Chg-NP CR2E037 (10/03)   |   |
| 4. FEI Number<br>59-2638439   |   |   |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |   |   | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br>MARIANNE, ROBRÖCK<br>1721 NE 43 CT<br>POMPAÑO BEACH, FL 33064  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |   |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |   |   |   |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____  |   |   |   |   |   |
| Filing Fee is \$61.25<br>Due by September 7, 2005   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |   |
| Make check payable to Florida Department of State   |   |   |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ROBRÖCK, MARIANNE<br>1721 NE 43 CT<br>POMPAÑO BEACH, FL 33064 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>DIAZ, IDA<br>4301 NE 18 AVE<br>POMPAÑO BEACH, FL 33064        | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | SD<br>VOSS, RITA<br>4381 NE 13 AVE<br>POMPAÑO BEACH FL 33064      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>VAUGHN, CINDY<br>330 NE 44 CT<br>POMPAÑO BEACH, FL 33064      | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WALKER, KEN<br>5114 NE 2 WAY<br>POMPAÑO BEACH, FL 33064        | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | TD<br>STAHMAN, DEBBIE<br>4321 NE 12 TER<br>POMPAÑO BEACH FL 33064 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Marianne Robrock</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   | 4-1-05 954-427-7222<br><small>Date Daytime Phone #</small>                        |   |