## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14486

FILED Feb 17, 2009 Secretary of State

Entity Name: PORT ST. JOHN LITTLE LEAGUE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

6512 HAROLD AVENUE 3895 FAY BLVD

COCOA, FL 32927 COCOA, FL 32927 US

**Current Mailing Address: New Mailing Address:** 

6512 HAROLD AVENUE 3895 FAY BLVD

COCOA, FL 32927 COCOA, FL 32927 US

FEI Number: 52-1287610 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HIGGINBOTHAM COMPANIES INC 3790 N. U.S. 1 COCOA, FL 32926 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition WILLIAMS, JOBIE ANITRA, CHRISTY Name: Name:

7242 CARILLON AVENUE Address: 5431 ALICE LANE Address: City-St-Zip: COCOA, FL 32927 US City-St-Zip: COCOA, FL 32927 US

Title: PD Title: (X) Change ( ) Addition () Delete

HOPE, DAVID Name: SMITH, MICHAEL Name: Address: 6512 HAROLD AVENUE Address: 3895 FAY BLVD City-St-Zip: COCOA, FL 32927 US City-St-Zip: COCOA, FL 32927 US

Title: VPD () Delete Title: VPD (X) Change ( ) Addition

GILES, JENNIFER THURN, TOBY Name: Name: 5995 ACME AVENUE Address: Address: 6200 EIDSON STREET City-St-Zip: COCOA, FL 32927 US City-St-Zip: COCOA, FL 32927 US

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

WILLIAMS, JUDY Name: Name: CAIN, RENEE 5520 FLINT ROAD 4440 EVERGLADES STREET Address: Address: City-St-Zip: COCOA, FL 32927 US City-St-Zip: COCOA, FL 32927 US

Title: VPD () Delete Title: (X) Change ( ) Addition

Name:

FULLER, DAVE GILES, JILL Name:

1313 ELIZABETH AVENUE 5180 CARRICK ROAD Address: Address: City-St-Zip: COCOA, FL 32927 US City-St-Zip: COCOA, FL 32927 US

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: MICHAEL SMITH Ρ 02/17/2009