2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18008

Title:

Name:

Address:

City-St-Zip:

FILED Jan 07, 2009 Secretary of State

Entity Name: ENGLEWOOD AREA LITTLE LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business: 1320 S RIVER ROAD ENGLEWOOD, FL 34223 US **Current Mailing Address: New Mailing Address:** P.O. BOX 605 ENGLEWOOD, FL 342950605 US FEI Number: 59-2848243 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: DICKINSON, ROBERT A 460 S. INDIÁNA AVENUE ENGLEWOOD, FL 34223 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: (X) Change () Addition () Delete BURTON, BRUCE STIVER, WILLIAM J Name: Name: 7332 CARY STREET Address: 244 BRIGHTON COURT Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34223 US Title: PD Title: () Delete (X) Change () Addition STIVER, WILLIAM J Name: GOFF, RICK Name: Address: 244 BRIGHTON CT Address: 10420 SANDRIFT AVENUE City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34224 US Title: () Delete Title: (X) Change () Addition LOWERY, CARLA LOWERY, CARLA Name: Name: 70 SPYGLASS ALLEY 51 DAWNVIEW DRIVE Address: Address: City-St-Zip: PLACIDA, FL 33946 City-St-Zip: WAYNESVILLE, NC 28786 US Title: () Delete Title: SD () Change (X) Addition Name: Name: STIVER, NANCY R Address: Address: 244 BRIGHTON COURT City-St-Zip: City-St-Zip: ENGLEWOOD, FL 34223 US Title: () Delete Title: () Change (X) Addition DILLMORE, P.J. Name: Name: 1100 OSCEOLOVA BOULEVARD Address: Address: City-St-Zip: City-St-Zip: ENGLEWOOD, FL 34223 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY R. STIVER SD 01/07/2009

() Delete

() Change (X) Addition

SPURGEON, JERRY

6358 SPINNAKER BOULEVARD ENGLEWOOD, FL 34224 US