

FROM :

FAX NO. :

Oct. 31 2004 10:50AM P3/3

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/2/2005-90086-014-\$70.00-\$70.00
3/2

FILED

05 MAY 20 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02182005 No Org-NP CR25037 (10/03)

DOCUMENT # N18278

1. Entity Name
EAST BAY LITTLE LEAGUE, INC.Principal Place of Business
13010 BULLFROG CREEK RD
RIVERVIEW, FL 33569Mailing Address
PO BOX 2395
RIVERVIEW, FL 33569

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1242231	5. Certificate of Status Desired Not Applicable
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6. Name and Address of Current Registered Agent

SOTO, MICHAEL R
12421 WINDMILL COVE DR
RIVERVIEW, FL 33569DO NOT WRITE
IN THIS SPACE

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

Signature, name of registered agent and fee if applicable

NOTICE: Registered Agent signature required when submitting

DATE

Filing Fee is \$81.25
Due by May 4, 20059. Election Campaign Financing
True Fund Contribution ☐\$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	SECRETARY
NAME	HIRD, SUSAN
STREET ADDRESS	15635 LARAWAY DR
CITY-STATE-ZIP	RIVERVIEW, FL 33569
TITLE	T
NAME	DELAJE, JENNIFER
STREET ADDRESS	6022 HAMMOCK AVE.
CITY-STATE-ZIP	LITHIA, FL 33547
TITLE	V. P.
NAME	Greashamblin
STREET ADDRESS	12708 Fox way dr
CITY-STATE-ZIP	Riverview FL 33569
TITLE	P
NAME	mike Soto
STREET ADDRESS	12421 Windmill Cove Dr
CITY-STATE-ZIP	Riverview Pr 33569
TITLE	
NAME	Karnik Pan nery I.O.
STREET ADDRESS	3406 Oakwood Dr
CITY-STATE-ZIP	Winnipeg R 33598
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(A), 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:

Jennifer Delage
 SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR
 DATE: 2-18-05
 OFFICE: Tallahassee

(813-633-26)