

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25074

FILED
Jul 07, 2005
Secretary of State

Entity Name: FORT MYERS AMERICAN LITTLE LEAGUE, INC.

Current Principal Place of Business:

12382 HONEYSUCKLE ROAD
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

12382 HONEYSUCKLE ROAD
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 51-0192657 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TROAST, DARRELL
12382 HONEYSUCKLE ROAD
FT. MYERS, FL 33912 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:

Title: PD () Delete
Name: OVERHOLSER, DON
Address: 1755 LINHART AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: TD () Delete
Name: TROAST, DARRELL
Address: 12382 HONEYSUCKLE ROAD
City-St-Zip: FT. MYERS, FL 33912

Title: VPFD () Delete
Name: CLINGER, JOHN
Address: 1449 TEYNARD DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPFD (X) Change () Addition
Name: CAMPBELL, DAVE
Address: 12382 HONEYSUCKLE ROAD
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARRELL TROAST

TD

07/07/2005

Electronic Signature of Signing Officer or Director

Date