

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25074

FILED  
Jul 17, 2006  
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: CAMPBELL, DAVE  
Address: 12382 HONEYSUCKLE ROAD  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

TD

07/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date