2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N25074

1. Entity Name
FORT MYERS AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business
1750 MATTHEW DRIVE
FT. MYERS, FL 33907

Mailing Address
12382 HONEYSUCKLE ROAD
FT. MYERS, FL 33966

01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0192657 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000784332
01/16/08-80050-014 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OVERHOLSER, DON
STREET ADDRESS	1755 LINHART AVE.
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	TD
NAME	TROAST, DARRELL
STREET ADDRESS	12382 HONEYSUCKLE ROAD
CITY-ST-ZIP	FT. MYERS, FL 33966
TITLE	VPFD
NAME	CAMPBELL, DAVE
STREET ADDRESS	12382 HONEYSUCKLE ROAD
CITY-ST-ZIP	FORT MYERS, FL 33966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1/10/08 (239) 565 6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #