# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 14, 2009**
**Secretary of State**

DOCUMENT# N25074

**Entity Name:** FORT MYERS AMERICAN LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

1750 MATTHEW DRIVE
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12382 HONEYSUCKLE ROAD
FT. MYERS, FL 33966

**New Mailing Address:**

**FEI Number: 51-0192657** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**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:**

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

**Name and Address of New Registered Agent:**

TROAST, DARRELL
12382 HONEYSUCKLE ROAD
FT. MYERS, FL 33966 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: _____ 05/14/2009
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 33966

Title: VPFD ( ) Delete
Name: CAMPBELL, DAVE
Address: 12382 HONEYSUCKLE ROAD
City-St-Zip: FORT MYERS, FL 33966

**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 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 VP 05/14/2009
Electronic Signature of Signing Officer or Director — Date