


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N25727		
1. Entity Name CASSELBERRY LITTLE LEAGUE, INC.		

Principal Place of Business WIRZ PARK MARK DAVID BLVD. CASSELBERRY, FL 32707	Mailing Address P. O. BOX 181762 CASSELBERRY, FL 32718 US
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01312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2898112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GEMBECKI, DEBBIE 352 FAIRGREEN PLACE CASSELBERRY, FL 32707
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**DO 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LJENOVICH, TOM 1610 CASTLEWOOD TERR #212 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, MARK 120 WAVERLY DR CASSELBERRY, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT GEMBECKI, DEBBIE 352 FAIRGREEN PLACE CASSELBERRY, FL 32707
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02/12/07-80028-021-61.25

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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: *Debbie L. Gembeki* **DEBBIE GEMBECKI** **1/31/07** **407-696-2269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #