

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25727

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: CASSELBERRY LITTLE LEAGUE, INC.

## Current Principal Place of Business:

WIRZ PARK  
MARK DAVID BLVD.  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 181762  
CASSELBERRY, FL 32718 US

## New Mailing Address:

1391 PRINCE PHILIP DRIVE  
CASSELBERRY, FL 32707 US

FEI Number: 59-2898112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINK, DARRIN  
125 BORADA ROAD  
SANFORD, FL 32773 US

## Name and Address of New Registered Agent:

SHACKELFORD, ROXANNE  
604 FIELD CLUB CIRCLE  
CASSELBERRY, FL 32707 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: ROXANNE SHACKELFORD

02/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SINK, DARRIN  
Address: 125 BORADA ROAD  
City-St-Zip: SANFORD, FL 32773 US

Title: VD ( ) Delete  
Name: RULLAN, JAYE  
Address: 2060 HAMMOCK MOSS ROAD  
City-St-Zip: ORLANDO, FL 32820 US

Title: SDT ( ) Delete  
Name: LAFFREY, LAURIE  
Address: 809 THE SPUR  
City-St-Zip: CASSELBERRY, FL 32707 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHACKELFORD, ROXANNE  
Address: 604 FIELD CLUB CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VD (X) Change ( ) Addition  
Name: COMISKY, SUSAN  
Address: 421 RINGWOOD CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SDT (X) Change ( ) Addition  
Name: LAFFREY, LAURI  
Address: 809 THE SPUR  
City-St-Zip: CASSELBERRY, FL 32707 US

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: ROXANNE SHACKELFORD

PD

02/21/2009

Electronic Signature of Signing Officer or Director

Date