
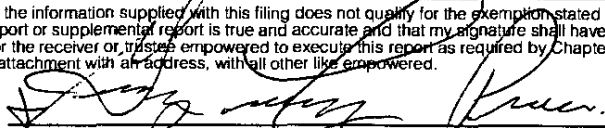


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90458 042 \*\*\*\*61.25

<b>DOCUMENT # N40263</b> 1. Entity Name <b>GOLDEN GATE NATIONAL LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>GOLDEN GATE COMMUNITY PARK NAPLES, FL 33999 US</b>				Mailing Address <b>3460 15TH AVE. SW NAPLES, FL 34117 US</b>	
2. Principal Place of Business <b>Golden Gate Community Park</b>				3. Mailing Address <b>1714 55th St. S.W.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05062004 Chg-NP CR2E037 (10/03)	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>65-0214114</b>	
Zip <b>34116</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PETTAY, ALIETTE 3460 15TH AVE. SW NAPLES, FL 34117</b>				7. Name and Address of New Registered Agent Name <b>Diane Grove</b> Street Address (P.O. Box Number is Not Acceptable) <b>1714 55th St. S.W.</b> <b>Naples</b> City <b>FL</b> Zip Code <b>34116</b>	
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 <b>Diane Grove (Treasurer)</b> DATE <b>5/6/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PETTAY, ALIETTE 3460 15TH AVE. SW NAPLES, FL 34117</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>George Tracy 2216 44th St. S.W. Naples, FL 34116</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JUTKIEWICZ, NORREN 270 25TH ST. SW NAPLES, FL 34117</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/d <b>Mitch Witter 1911 50th St. S.W. Naples, FL 34116</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PETTAY, ALIETTE 3460 15TH AVENUE SW NAPLES, FL 34117</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>Diane Grove 1714 55th St. S.W. Naples, FL 34116</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>GROVE, DIANE 1714 55TH ST. SW NAPLES, FL 34116</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Mary Santos 3460 15th Ave S.W. Naples, FL 34116</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <b>TANGUMA, ISABEL 5249 19TH AVE. SW NAPLES, FL 34116</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 				Date <b>5/7/04</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					