2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40263

FILED Apr 24, 2007 Secretary of State

Entity Name: GOLDEN GATE NATIONAL LITTLE LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

GOLDEN GATE COMMUNITY PARK NAPLES, FL 34116 US

Current Mailing Address: New Mailing Address:

6291 STAR GRASS LN NAPLES, FL 34116 US

FEI Number: 65-0214114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

 GROVE, DIANE
 SCOTT, ANTHONY J P

 1714 55TH S.W.
 6291 STAR GRASS LN.

 NAPLES, FL 34116
 US

 NAPLES, FL 34116
 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: ANTHONY J SCOTT 04/24/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: P (X) Change () Addition TRACY, GEORGE Name: SCOTT, ANTHONY J

 Name:
 TRACY, GEORGE
 Name:
 SCOTT, ANTHONY J

 Address:
 2216 44TH ST. SW
 Address:
 6291 STAR GRASS LN

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34116

Title: VD () Delete Title: V (X) Change () Addition Name: SCOTT, TONY Name: MILES, MARK

Address: 6291 STAR GRASS LN Address: 14882 TYBEE ISLAND DR

City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34119

Title: TD () Delete Title: T (X) Change () Addition Name: GROVE, DIANE Name: SCOTT, KARLA

 Name:
 GROVE, DIANE
 Name:
 SCOTT, KARLA

 Address:
 1714 55TH ST. SW
 Address:
 6291 STAR GRASS LN

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34116

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 TRACY, MARYANN
 Name:
 MILES, JIL

 Address:
 2216 44TH ST SW
 Address:
 14882 TYBEE ISLAND DR

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY J SCOTT P 04/24/2007