
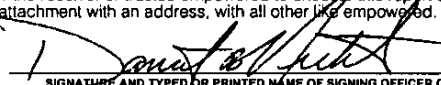


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90055 045 ****61.25

DOCUMENT # N40861 1. Entity Name NORTH PORT AREA LITTLE LEAGUE INC.					
Principal Place of Business PRICE BLVD. NORTH PORT, FL 34287			Mailing Address P.O. BOX 7143 NORTH PORT, FL 34287		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02032006 Chg-NP CR2E037 (11/05)	
4. FEI Number 27-0007536				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 MELLOR, CORD C. 13801-D TAMiami TRAIL NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME TENRUS, KENNETH STREET ADDRESS 4393 OZAK AVE CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Delete		TITLE PD NAME Tenkus, Kenneth STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME VAZQUEZ, DENISE STREET ADDRESS 2435 RIBBLE ST CITY-ST-ZIP NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Rowe, Andrew S STREET ADDRESS 1800 Scarlett Ave CITY-ST-ZIP NorthPort Fl 34289	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME NICHOLS, DANIEL B STREET ADDRESS 5171 KENVIL DR CITY-ST-ZIP NORTH PORT, FL 34288	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME LOVE, LAURA STREET ADDRESS 2634 CRITLEDON ST CITY-ST-ZIP NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Burke, Terry STREET ADDRESS 4203 Ozark Ave CITY-ST-ZIP NorthPort Fl 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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 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: 			2/3/05 941-480-0295 <small>Date Daytime Phone #</small>		