

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41405

FILED
Jun 27, 2009
Secretary of State

Entity Name: SAFETY HARBOR LITTLE LEAGUE, INC.

Current Principal Place of Business:

940 7TH STREET
SOUTH CITY PARK
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 113
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3048243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DONOVAN, DAN
28 TURNSTONE DRIVE
SAFETY HARBOR, FL 34695 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCGUIRE, BILL
Address: 1216 WOODCREST AVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD () Delete
Name: CALDWELL, NOELL
Address: 209 HANCOCK CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: BROWN, HERB
Address: 3108 GLENWOOD CT
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KRAYER, ROBERT J
Address: 3009 SARAH DR.
City-St-Zip: CLEARWATER, FL 33759

Title: PD (X) Change () Addition
Name: HERB, BROWN
Address: 3108 GLENWOOD CT.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T (X) Change () Addition
Name: BROWN, HERB
Address: 3108 GLENWOOD CT
City-St-Zip: SAFETY HARBOR, FL 34695

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: HERB BROWN

T

06/27/2009

Electronic Signature of Signing Officer or Director

Date