

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42009

FILED
May 23, 2009
Secretary of State

Entity Name: WESTON AREA LITTLE LEAGUE INC.

Current Principal Place of Business:

1792 BELL TOWER LANE
WESTON, FL 33326 US

New Principal Place of Business:

1476 VICTORIA ISLE DRIVE
WESTON, FL 33327 US

Current Mailing Address:

1792 BELL TOWER LANE
WESTON, FL 33326 US

New Mailing Address:

P.O. BOX 268687
WESTON, FL 33326 US

FEI Number: 65-0242453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WAGNER, KARL B
1476 VICTORIA ISLE DR.
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: MARIKA, JOHN
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: NOLES, TIM
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: WAGNER, KARL
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: TORREZ, OZZIE
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

Title: V/D (X) Delete
Name: NORI, PETER
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEMARCO, DONNA
Address: P.O. BOX 268687
City-St-Zip: WESTON, FL 33326

Title: VD (X) Change () Addition
Name: ARTAZA, CARLOS
Address: P.O. BOX 268687
City-St-Zip: WESTON, FL 33326

Title: TD (X) Change () Addition
Name: WAGNER, KARL
Address: P.O. BOX 268687
City-St-Zip: WESTON, FL 33326

Title: SD (X) Change () Addition
Name: TORREZ, OZZIE
Address: P.O. BOX 268687
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KARL WAGNER

TD

05/23/2009

Electronic Signature of Signing Officer or Director

Date