

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45267

FILED  
May 12, 2010  
Secretary of State

**Entity Name:** PORT ST. LUCIE NATIONAL LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

201 NW PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34985

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8485  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

**FEI Number:** 65-0285230      **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:**

MESSER, ROGER N  
1555 ST. LUCIE WEST BLVD., N.W.  
SUITE 202  
PORT ST. LUCIE, FL 34986 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/D  
**Name:** HOLLETT, GARY  
**Address:** 5145 WATER LILLY WAY  
**City-St-Zip:** FORT PIERCE, FL 34981 US

**Title:** V/P  
**Name:** ROSADO, RICO  
**Address:** 5813 NW ARGO CT  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986 US

**Title:** S/O  
**Name:** SECRETARY, AMY GUSTIN  
**Address:** PO BOX 8485  
**City-St-Zip:** PORT ST. LUCIE, FL 34985

**Title:** T/D  
**Name:** RHODES, COLETTE  
**Address:** PO BOX 13168  
**City-St-Zip:** FT. PIERCE, FL 34979 US

**Title:** V/P  
**Name:** GUSTIN, NEIL  
**Address:** 921 SW GRAND RESERVES BLVD  
**City-St-Zip:** PORT ST LUCIE, FL 34986 US

**Title:** V/P  
**Name:** NAPALITANO, TONY  
**Address:** 7928 SADDLEBROOK DR  
**City-St-Zip:** PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: COLETTE RHODES

TRE

05/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date