## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N45795

**FILED** May 03, 2007 Secretary of State

Entity Name: PORT SALERNO LITTLE LEAGUE, INC.

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 192 CORNER OF GROUPER AVE PORT SALERNO, FL 34992 PORT SALERNO, FL 34992 **Current Mailing Address: New Mailing Address:** P.O. BOX 192 PORT SALERNO, FL 34992 FEI Number: 59-3097112 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 New Registered Agent: Name and Address of Current Registered Agent: HOWARD, JACKIE PLATT, JUANITA 2815 SOUTHWEST MONTEGO TERRACE 50 SW BLACKBURN TERRACE STUART, FL 34997 #10 STUART, FL 34997 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: JUANITA PLATT 05/03/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NOLAN, KEVIN Name: Name: 4776 SE MANATEE TERRACE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete HILL, DAVE Name: ALTHAUSER, MIKE Name: Address: 1087 SOUTHWEST BLUE WATER WAY Address: 2122 SW PERRY TERRACE City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: 2VD () Delete Title: TD (X) Change ( ) Addition LAMBRECHTS, FRANK PLATT, JUANITA Name: Name: 50 SW BLACKBURN TERRACE #10 Address: PO BOX 192 Address: City-St-Zip: PORT SALERNO, FL 34992 City-St-Zip: STUART, FL 34997 Title: TD ( ) Delete Title: SD (X) Change ( ) Addition Name: HOWARD, JACKIE Name: GAGNON, CHRIS 2815 SW MONTEGO TERRACE Address: Address: 1923 SW LOCKS ROAD City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: (X) Delete Title: () Change () Addition SNYDER, BETH Name: Name: PO BOX 192 Address: Address: City-St-Zip: PORT SALERNO, FL 34992 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: JUANITA PLATT TD 05/03/2007