2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46288

Apr 23, 2009 Secretary of State

Entity Name: MYERS PARK LITTLE MAJOR LEAGUE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

921 MYERS PARK DRIVE

TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

P.O.BOX 391

P.O. BOX 391

TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 US US

FEI Number: 59-3044481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAHLEN, J. JEFFRY 227 SOUTH CALHOUN STREET

HOLTON, DEBBIE 1886 CHÁRDONNAY PLACE TALLAHASSE, FL 32317 TALLAHASSE, FL 32302

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: DEBBIE HOLTON 04/23/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SANDS, LYNNA DUNGEY, SCOTT Name: Name:

913 ABBIEGAIL DRIVE Address: 10026 SURREY FARMS Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32309

Title: () Delete Title: (X) Change () Addition ELSBERND, PATTI Name: MCELROY, LYNN Name:

Address: 2999 COMPTON WAY Address: 7071 HANGING VINE WAY City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32317

Title: () Delete Title: (X) Change () Addition

WAHLEN, J. JEFFRY HOLTON, DEBBIE Name: Name: Address: 227 SOUTH CALHOUN STREET 1886 CHARDONNAY PLACE Address:

City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip: TALLAHASSEE, FL 32317

Title: SD () Delete Title: SD (X) Change () Addition Name: HARTSFIELD, GINA Name: INGRAM, CATHERINE 442 MEADOW RIDGE DRIVE Address: 1171 BARINEAU RD Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete Title: () Change (X) Addition

SANDS, LYNNA Name: Name: 913 ABBIEGAIL DRIVE Address: Address: TALLAHASSEE, FL 32303 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

ELSBERND, DAVID Name: Name: Address: Address: 2999 COMPTON WAY TALLAHASSEE, FL 32309 City-St-Zip: 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: DEBBIE HOLTON TD 04/23/2009