

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47871

FILED  
May 20, 2008  
Secretary of State

Entity Name: DELAND LITTLE LEAGUE, INC.

## Current Principal Place of Business:

260 E. WALTS AVE  
DELAND, FL 32724

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 773  
DELAND, FL 32720

## New Mailing Address:

FEI Number: 59-3108376      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:

CARTER, JAMES W  
2 TYMBER COVE  
DELAND, FL 32724      US

## Name and Address of New Registered Agent:

PEPPER, JACK  
260 E. WALTS AVE  
DELAND, FL 32724      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: ANDY SADLON

05/20/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: CARTER, JAMES W  
Address: 2 TYMBER COVE  
City-St-Zip: DELAND, FL 32724

Title: VD      ( ) Delete  
Name: GRAVES, MIKE  
Address: 960 E. UNIVERSITY AVE  
City-St-Zip: DELAND, FL 32724

Title: SD      ( ) Delete  
Name: MARKUS, ROBIN  
Address: 717 SHANE DRIVE  
City-St-Zip: DELAND, FL 32724

Title: TD      ( ) Delete  
Name: SADLON, ANDREW R  
Address: 4380 GRANT ST  
City-St-Zip: DELAND, FL 32724

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: PEPPER, JACK  
Address: 260 E. WALTS AVE  
City-St-Zip: DELAND, FL 32724

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

Title: SD      (X) Change ( ) Addition  
Name: CARTER, JAMES  
Address: 260 E. WALTS AVE  
City-St-Zip: DELAND, FL 32724

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: ANDY SADLON

TD

05/20/2008

Electronic Signature of Signing Officer or Director

Date