2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000242

Apr 03, 2009 Secretary of State

Entity Name: GREENACRES LITTLE LEAGUE BASEBALL, INC.

Current Principal Place of Business: New Principal Place of Business: 5983 NOTTINGHAM RD WEST PALM BEACH, FL 33415 LIS **Current Mailing Address: New Mailing Address:** 5983 NOTTINGHAM RD WEST PALM BEACH, FL 33415 US FEI Number: 65-0382346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUME, THERESA 5983 NOTTINGHAM RD W PALM BEACH, FL 33415 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HUME. THERESA Name: Name: Address: 5983 NOTTINGHAM RD Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: TREVINO, RANDY Name: MIKE, KUCKELMAN Address: 98 ABACO DRIVE Address: 1628 PARKWAY CT. City-St-Zip: PALM SPRINGS, FL 33461 City-St-Zip: GREENACRES, FL 33463 US Title: () Delete Title: (X) Change () Addition TREVINO, CHRISTINE FERNANDO, MEDINA Name: Name: 98 ABACO DRIVE Address: Address: 108 JACKSON AVE. City-St-Zip: PALM SPRINGS, FL 33461 City-St-Zip: GREENACRES, FL 33463 US () Delete () Change (X) Addition Title: Title: Name: Name: JANA, EBY 4665 WELLMAN TR. A101 Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33463 US

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: THERESA HUME Т 04/03/2009