

**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N93000000633
1. Entity Name
LAKE MARY LITTLE LEAGUE, INC.



FILED

08 DEC 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
451 FLORA CLARK CT.
LAKE MARY, FL 32746

Mailing Address
P.O. BOX 951824
LAKE MARY, FL 32795-1824



2. Principal Place of Business - No P.O. Box #
253 MEADOW BEAUTY TER
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

09302008 Chg-NP CR2E037 (12/06)

City & State
SANFORD

City & State

Zip
32771

Country
US

Zip
Country

4. FEI Number
59-3157058

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIDES, RONALD G
451 FLORA CREEK CT
LAKE MARY, FL 32246

7. Name and Address of New Registered Agent
Name ROBERT ZULCOSKY
Street Address (P.O. Box Number is Not Acceptable)
253 MEADOW BEAUTY TERRACE
City SANFORD, FL Zip Code 32771

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 10/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONALD, SIDES G 451 FLORA CREEK CT LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDRES, PAGAN 116 LAKE BREEZE CIRCLE LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASTEN, JULIE 868 SILVERWOOD DRIVE LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZULCOSKI, ROBERT 253 MEADOW BEAUTY TERRACE SANFORD, FL 32771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SCOTT 150 TANGERINE COURT SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900138884839 12/10/08--01041--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WESLEY HARRAN 430 S. COUNTRY CLUB RD LAKE MARY FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT ZULCOSKY 253 Meadow Beauty Terrace Sanford FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEN DIAQUISTO 3601 WIMOLEDON DR LAKE MARY FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 10/14/08 Daytime Phone #