


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N93000001844 1. Entity Name SANFORD LITTLE LEAGUE, INC.						FILED 07 JUL -2 AM 10:01 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 135 N. SUMMERLIN AVE SANFORD, FL 32771 US				Mailing Address PO BOX 1235 SANFORD, FL 32772 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PIHAKIS, II, GEORGE 135 N SUMMERLIN AVE SANFORD, FL 32771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIHAKIS, II, GEORGE 135 N. SUMMERLIN AVE SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600105642396 07/06/07--01055--008 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORD, VERNON L 1121 MERRITT ST ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$775			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, NIKKI P 190 RIDGE ROAD LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kovach, Ed 1 Stone Gate North Longwood, FL 32779			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIHAKIS, RACHEL 135 N. SUMMERLIN AVE SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASELICE, TOM 8#65279; 1720 TRAVERTINE TER SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kovach, Michelle 1 Stone Gate North Longwood, FL 32779			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULKNER, JACK 8#65279; 109 TIPPERARY DR. LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Nicole 370 Hanson Pkwy Sanford, FL 32773			
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: <i>George Pihakis II</i> President GEORGE PIHAKIS II							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	