

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001844

FILED
Mar 05, 2009
Secretary of State

Entity Name: SEMINOLE NORTH LITTLE LEAGUE, INC.

Current Principal Place of Business:

135 N. SUMMERLIN AVE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1235
SANFORD, FL 32772 US

New Mailing Address:

FEI Number: 59-3438666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIHAKIS,II, GEORGE
135 N SUMMERLIN AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: PIHAKIS,II, GEORGE
Address: 135 N. SUMMERLIN AVE
City-St-Zip: SANFORD, FL 32771

Title: VD () Delete
Name: FORD, VERNON L
Address: 1121 MERRITT ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: KOVACH, ED
Address: 1 STONE GATE NORTH
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: PIHAKIS, RACHEL
Address: 135 N. SUMMERLIN AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: NORDEN, LASHAWN
Address: 5101 FILLMORE PLACE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: ZIEGLER, JOHN
Address: 1723 RUTLEDGE ROAD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: ROBERTS, JOHN L
Address: 19619 EAGLES VIEW CIRCLE
City-St-Zip: UMATILLA, FL 32784

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

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

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: JOHN L. ROBERTS

TD

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date