


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90038 010 ****61.25

DOCUMENT # N93000002601
 1. Entity Name
WINDERMERE LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
ROBERSON RD P.O. BOX 552
BOX 552 WINDERMERE FL 34786

40000000



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Roberson Rd P.O. Box 552
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Windermere FL 34786

4. FEI Number 59-3149619
 Applied For Not Applicable

Zip 3478 Country Orange Zip 34786 Country USA

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

6. Name and Address of Current Registered Agent
REESE, TERRY L
7301 FORESTWOOD CT
ORLANDO FL 32835

7. Name and Address of New Registered Agent
 Name **Scott Dillon**
 Street Address (P.O. Box Number is Not Acceptable) **2556 Carter Grove Cir**
Windermere FL 34786
 City **FL** Zip Code

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  **MARY CLICK, Treas** **1-18-05**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

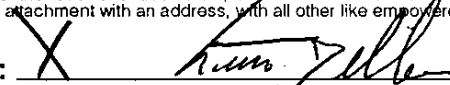
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REESE, TERRY L 7301 FORESTWOOD COURT ORLANDO FL 32835 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLICK, MARY 4016 SALMON DR ORLANDO FL 32835 Box 1226 34786 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR SIVIGLIA, PAM P.O. BOX 552 WINDERMERE FL 34786 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COUNTRYMAN, JANA 2640 CRESCENT LK DR WINDERMERE FL 34786 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott Dillon, PRES. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sixta Lawrence, Sect. <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Paul Montgomery Treas, 1125 Cedar Grove Ct. Windermere FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Scott Dillon, Pres. 2556 Carter Grove Cir. Windermere FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect. Sixta Lawrence - Sect. BOX 552 Windermere FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR MARY CLICK, PR ASst Treas. Box 1226 Windermere FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINDERMERE LITTLE LEAGUE P.O. Box 552 Windermere, FL 34786 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Scott Dillon** **1-18-05**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #