

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90073 009 ****70.00



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

Principal Place of Business Mailing Address
**ROBERSON RD
ATTN: SCOTT DILLON
WINDERMERE FL 34786** **P.O. BOX 552
WINDERMERE FL 34786**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. **552** Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State **Windermere FL** City & State
Zip **34786** Country **USA**

4. FEI Number Applied For
59-3149619 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCOTT, DILLON
2556 CARTER GROVE CIR.
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
NO

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	P SCOTT, DILLON 2556 CARTER GROVE CIR. WINDERMERE FL 34786	<input type="checkbox"/> Delete PRESIDENT
TITLE NAME STREET ADDRESS CITY ST ZIP	S SIXTA, LAWRENCE P.O. BOX 552 WINDERMERE FL 34786	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T CLICK, MARY PO BOX 1226 WINDERMERE FL 34786	<input type="checkbox"/> Delete Secy/Treas
TITLE NAME STREET ADDRESS CITY ST ZIP	Mike Brown 367 Laurenburg Ln. Ocoee FL 34761	<input type="checkbox"/> Delete VP
TITLE NAME STREET ADDRESS CITY ST ZIP		<input 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
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input 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		<input type="checkbox"/> Change <input 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 Section 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 I am empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #