

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003857

FILED
Apr 14, 2006
Secretary of State

Entity Name: GREATER DUNEDIN LITTLE LEAGUE, INC.

Current Principal Place of Business:

PO BOX 481
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 481
DUNEDIN, FL 34697 US

New Mailing Address:

FEI Number: 59-2783616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, WILLIAM
1263 DE LEON CT
DUNEDIN, FL 34698 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: P () Delete
Name: O'CONNELL, WILLIAM
Address: 1063 DE LEON CT
City-St-Zip: DUNEDIN, FL 34698

Title: V () Delete
Name: BOURDEN, TIMOTHY
Address: 1742 HICKORY HATE DR N
City-St-Zip: DUNEDIN, FL 34698

Title: S () Delete
Name: GILL, PAULA
Address: 2397 HANOVER DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: HASKEL, LORIS
Address: 2757 COUNTRY SIDE BLVD, # 103
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: GRIGGS, BECKY
Address: 1920 ARGILE DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: T (X) Change () Addition
Name: GILL, PAULA
Address: 1960 CITRINE TRAIL
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULA GILL

T

04/14/2006

Electronic Signature of Signing Officer or Director

Date