

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90001 016 ****61.25

DOCUMENT # N93000003857					
1. Entity Name GREATER DUNEDIN LITTLE LEAGUE, INC.					
Principal Place of Business 1861 HARVARD AVE DUNEDIN, FL 34697			Mailing Address P. O. BOX 481 DUNEDIN, FL 34697 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2783616	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'CONNELL, WILLIAM 1263 DE LEON CT DUNEDIN, FL 34698			Name <u>Laurie Ferguson</u> Street Address (P.O. Box Number is Not Acceptable) <u>2101 Harbor View Dr.</u> <u>Dunedin</u> <u>FL</u> <u>34698</u>		
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 <u>Laurie Ferguson, president</u> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>			DATE <u>8/20/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME O'CONNELL, WILLIAM STREET ADDRESS 1063 DE LEON CT CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete		TITLE P NAME Laurie Ferguson STREET ADDRESS 2101 Harbor View Dr. CITY-ST-ZIP Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME HURD, LAURA STREET ADDRESS 2050 SUMMIT DRIVE CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete		TITLE V NAME Wayne White STREET ADDRESS 1080 Persimmon Dr. CITY-ST-ZIP Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HALL, LINDA STREET ADDRESS 2246 CYPRESS POINT DRIVE E. CITY-ST-ZIP CLEARWATER, FL 33763	<input type="checkbox"/> Delete		TITLE S NAME Darlene White STREET ADDRESS 1080 Persimmon Dr. CITY-ST-ZIP Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GILL, PAULA STREET ADDRESS 1690 CITRINE TRAIL CITY-ST-ZIP TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete		TITLE T NAME Justin Gross STREET ADDRESS 2315 Hannah Way N CITY-ST-ZIP Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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 	<input type="checkbox"/> Delete		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 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: <u>Laurie Ferguson, president</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/20/08</u> Daytime Phone # <u>727-641-8294</u>		