

DOCUMENT # N93000005677

1. Entity Name North County Little League, Inc.

Principal Place of Business JUNO PARK

Mailing Address C/O Thomas J. Baird

11891 U.S. Hwy One., Suite 105
North Palm Beach, Fl. 33408

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business Juno Park -		3. Mailing Address C/O Thomas J. Baird 11891 U.S. Hwy One		98-000122	
Suite Apt. # etc.		Suite, Apt. #, etc. 105		DOI WR IN	
City & State Juno Beach, FL		City & State No. Palm Beach, FL		4. FEI Number 65-0459774	
Zip 33408		Zip 33408		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Morris D. Gottlieb C/O PDSEIMAN, LLP 1601 Forum Place, S. 904 West Palm Beach, FL 33401			7. Name and Address of New Registered Agent Thomas J. Baird Street Address (P.O. Box Number is Not Acceptable) 11891 U.S. Hwy One, S. 105 North Palm Beach City FL Zip Code 33408		

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas J. Baird 1841 Ascott Road No. Palm Beach, Fl. 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003524551--2 01/05/01--01024--004 ****192.50 00000192050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Dan Azeredo 2992 Frenchman's Pass Palm Beach Gardens, Fl 33410 <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	Secretary Ellen Stropp 2051 Ascott Circle North Palm Beach, Fl 33408 <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	Treasurer Phil Pearigen 1674 Pleasant Drive North Palm Beach, Fl 33408 <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	Director Donna Yeres 15739 75th Way North Palm Beach Gardens, Fl 33410 <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 KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E037 (9/99)