


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90030 049 \*\*\*\*61.25

<b>DOCUMENT # N93000005677</b> 1. Entity Name <b>NORTH COUNTY LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>11891 U.S. HWY ONE, SUITE 105</b> <b>C/O THOMAS J. BAIRD</b> <b>NORTH PALM BEACH FL 33408</b>			Mailing Address <b>PO BOX 30592</b> <del>C/O THOMAS J. BAIRD</del> <b>c/o T O D D</b> <del>NORTH PALM BEACH FL 33408</del> <b>DAVIS</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>PO Box 30592</b> Suite, Apt. #, etc. City & State <b>Palm Bch Gardens</b> Zip Country <b>33420 PB</b>			
4. FEI Number <b>65-0459774</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BICKFORD, RICHARD C</b> <b>391 N JUNO LN</b> <b>JUNO BEACH FL 33408</b>			7. Name and Address of New Registered Agent Name <b>TODD L. DAVIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3538 William St</b> City <b>Lake Park</b> <b>FL</b> Zip Code <b>33403</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAIRD, THOMAS</b> <input type="checkbox"/> Delete <b>1841 ASCOTT ROAD</b> <b>NO. PALM BEACH FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Delete <b>DAVIS, TODD</b> <b>3538 WILLIAM ST</b> <b>N. PALM BEACH FL 33403</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>ROSS, SUSAN</b> <b>7 UNO LAGO DR.</b> <b>NORTH PALM BEACH FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Delete <b>RADENTZ, CHRIS</b> <b>1906 19TH CT.</b> <b>JUPITER FL 33458</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>BICKFORD, RICHARD</b> <b>391 N JUNO LN</b> <b>JUNO BEACH FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>HOLLAND, BONNIE</b> <b>1748 ASCOTT CIR</b> <b>JUNO BEACH FL 33408</b>		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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/31/4</b> Daytime Phone # <b>818-4849</b>		