


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90066 024 ****61.25

DOCUMENT # N93000005677 1. Entity Name NORTH COUNTY LITTLE LEAGUE, INC.					
Principal Place of Business 11891 U.S. HWY ONE, SUITE 105 C/O THOMAS J. BAIRD NORTH PALM BEACH, FL 33408				Mailing Address PO BOX 30592 PALM BEACH GARDENS, FL 33420	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0459774	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, TODD L 3538 WILLIAM ST LAKE PARK, FL 33403				7. Name and Address of New Registered Agent Name Amy Gonzales Street Address (P.O. Box Number is Not Acceptable) 133 Barbados Dr City Jupiter, FL Zip Code 33458	
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><i>Todd L Davis</i></u> 4/13/5 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D BAIRD, THOMAS 1841 ASCOTT ROAD NO. PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy Gonzales President 133 Barbados Dr, Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, TODD 3538 WILLIAM ST N. PALM BEACH, FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, SUSAN 7 UNO LAGO DR. NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gina Hewell	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RADENTZ, CHRIS 1906 19TH CT. JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Wolff Charles	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BICKFORD, RICHARD 391 N JUNO LN JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, BONNIE 1748 ASCOTT CIR JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Todd L Davis</i></u> TODD L DAVIS 4/13/5 561-818-4849 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

UP Baseball Operations