
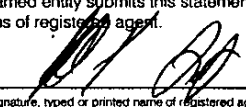
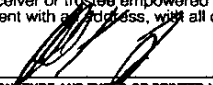


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90095 034 ****70.00

DOCUMENT # N93000005677 1. Entity Name NORTH PALM BEACH COUNTY LITTLE LEAGUE, INC.					
Principal Place of Business 2659 HOPE LN. PALM BEACH GARDENS, FL 33410			Mailing Address P.O. BOX 14682 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business - No P.O. Box # 636 U.S. Highway One		3. Mailing Address Suite, Apt. #, etc. 3rd Floor			
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc.			
City & State North Palm Beach, FL		City & State			
Zip 33408		Country USA		Zip Country	
4. FEI Number 65-0459774		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURDON, DAN 2659 HOPE LN. PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name RONALD K. LANTZ Street Address (P.O. Box Number is Not Acceptable) 636 U.S. Highway One, 3rd Floor City North Palm Beach 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Ronald K. Lantz DATE 4/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURDEN, DAN <input checked="" type="checkbox"/> Delete 2659 HOPE LN. PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, TODD <input type="checkbox"/> Delete 3538 WILLIAM ST N. PALM BEACH, FL 33403				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BICKNELL, DALE <input checked="" type="checkbox"/> Delete 112 BOWSPRIT DR. NORTH PALM BEACH, FL 33408				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARING, SCOTT <input type="checkbox"/> Delete 104 SANTA BARBARA WAY PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ronald K. Lantz 636 U.S. Highway One, 3rd FL North Palm Beach, FL 33408				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Iervolino 1204 Melot Dr. Palm Beach Gardens, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1204				
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"/> 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 a address, with all other like empowered.					
SIGNATURE:  Ronald K. Lantz, President 4/16/08 561-881-1190 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					