2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000868

Entity Name: BEAR CREEK PONY LEAGUE, INC.

FILED Jul 06, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1600 BEAR CROSSING DR. ORLANDO, FL 32837

Current Mailing Address: New Mailing Address:

PO BOX 770003

ORLANDO, FL 32877 00

FEI Number: 59-3315804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STELLING, THOMAS H

12224 FLORIDA WOODS LANE
ORLANDO, FL 32824 US

KIMBERLEY, BABIERRA H

5202 CHICORY CIRCLE
ORLANDO, FL 32821 US

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: KIMBERLEY H. BABIERRA 07/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D/P
 () Delete
 Title:
 D/P
 (X) Change () Addition

 Name:
 STELLING, THOMAS H
 Name:
 SANTANA, LYNETTE

 Address:
 12224 FLORIDA WOODS LANE
 Address:
 2112 ISLAND WALK DRIVE

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 ORLANDO, FL 32824

Title: D/S () Delete Title: (X) Change () Addition SANTANA, LYNETTE Name: BABIERRA, KIMBERLEY H Name: Address: 2112 ISLAND WALK DRIVE Address: 5202 CHICORY CIRCLE City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32821

Title: D/V () Delete Title: D/V (X) Change () Addition Name: MILES, JOLEE W Name: HERRHOLZ, JENNIFER Address: 4114 BROOKMYRA DRIVE Address: 10031 MARSH PINE CIRCLE

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 ORLANDO, FL 32832

 Title:
 D/V () Delete
 Title:
 D/T (X) Change () Addition

 Name:
 BABIERRA, KIMBERLEY
 Name:
 STAHL, JOETTA

 Address:
 5202 CHICORY LANE
 Address:
 11613 ASHRIDGE PLACE

 City-St-Zip:
 ORLANDO, FL 32821
 City-St-Zip:
 ORLANDO, FL 32824

Title: D/T (X) Delete Title: () Change () Addition

 Name:
 ALDRIDGE, APRIL
 Name:

 Address:
 12239 FLORIDA WOODS LANE
 Address:

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLEY H. BABIERRA D/V 07/06/2007