

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000868

FILED
Jun 09, 2009
Secretary of State

Entity Name: BEAR CREEK PONY LEAGUE, INC.

Current Principal Place of Business:

1600 BEAR CROSSING DR.
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

PO BOX 770003
ORLANDO, FL 328770003 US

New Mailing Address:

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

BABIERRA, KIMBERLEY H VP
5202 CHICORY CIRCLE
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

MILES, JOLEE W
4114 BROOKMYRA DRIVE
ORLANDO, FL 32837 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: JOLEE W. MILES

06/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: SANTANA, LYNETTE
Address: 12211 DELAWARE WOODS LANE
City-St-Zip: ORLANDO, FL 32824

Title: D/V () Delete
Name: BABIERRA, KIMBERLEY H
Address: 5202 CHICORY CIRCLE
City-St-Zip: ORLANDO, FL 32821

Title: D/T () Delete
Name: MILES, JOLEE W
Address: 4114 BROOKMYRA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D/S () Delete
Name: STAHL, JOETTA
Address: 11613 ASHRIDGE PLACE
City-St-Zip: ORLANDO, FL 32824

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/V () Change (X) Addition
Name: FREMONT, TERRY
Address: 12551 BOHANNON BLVD
City-St-Zip: ORLANDO, FL 32824

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: JOLEE W. MILES

D/T

06/09/2009

Electronic Signature of Signing Officer or Director

Date