


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001894 1. Entity Name SEMINOLE LITTLE LEAGUE, INC.	
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Principal Place of Business 12100 - 90TH AVE. N. SEMINOLE, FL 33772 US	Mailing Address 11923 ORANGE BLOSSOM DR. SEMINOLE, FL 33772 US
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DO NOT WRITE IN THIS SPACE



07022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3244573	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZACUR, RICHARD A ESQ.
12387 OAKWIND PLACE
SEMINOLE, FL 33772

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLING, MICHAEL 11923 ORANGE BLOSSOM DR. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOND, CYNDI 13780 88TH AVE. N. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAM, ELIZABETH 9768 122ND WAY N. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEKORTE, ROBERT 9611 118TH LANE N. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/25/06-80001-002 70.00

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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 an address, with all other like empowered.

SIGNATURE: Michael Kling 7-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #