2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002081

Address:

City-St-Zip:

5415 BATES ST

SEMINOLE, FL 33772

FILED May 18, 2007 Secretary of State

Entity Name: LITTLE LEAGUE OF THE GULF BEACHES, INC.

Current Principal Place of Business: New Principal Place of Business: 200 REX PLACE MADEIRA BEACH, FL 33708 **Current Mailing Address: New Mailing Address:** P.O. BOX 8548 MADIERA BEACH, FL 33738 FEI Number: 59-3244423 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: WARD, TERESA C ESQ. 5322 DUHME ROAD ST. PETERSBURG, FL 33708 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BENNER, MICHAEL CORRY, MARY Name: Name: 11248 67TH AVE N Address: 9713 - 54TH AVE. N. Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: ST. PETERSBURG, FL 33708 Title: TD () Delete Title: () Change () Addition Name: PLUSKAT, TAMMY Name: Address: 15912 REDINGTON DR Address: City-St-Zip: REDINGTON BEACH, FL 33708 City-St-Zip: Title: () Delete Title: () Change () Addition MURPHY, DANA Name: Name: Address: 6721 110TH ST N Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition COWAN, AL HUNT, CLIFFORD Name: Name:

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.

Address:

City-St-Zip:

11615 GROVE ST.

SEMINOLE, FL 33772

SIGNATURE: TAMMY PLUSKAT TD 05/18/2007