

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002141

FILED
Feb 14, 2007
Secretary of State

Entity Name: DR. PHILLIPS LITTLE LEAGUE, INC.

Current Principal Place of Business:

7512 DR. PHILLIPS BLVD.
STE. 50, PMB 169
ORLANDO, FL 32819

New Principal Place of Business:

7512 DR. PHILLIPS BLVD.
STE. 50, PMB 169
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 22-2605114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLAN, LESA
10004 N. FULTON CT
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DOLAN, LESA
Address: 10004 N FULTON COURT
City-St-Zip: ORLANDO, FL 32836

Title: VD () Delete
Name: GROSS, HOWARD
Address: 10455 SPARKLE CT
City-St-Zip: ORLANDO, FL 32836

Title: TD () Delete
Name: SHANKLE, BELINDA
Address: 10207 LOUTH COURT
City-St-Zip: ORLANDO, FL 32836

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMAS, ANDREW
Address: 7912 BAYFLOWER WAY
City-St-Zip: ORLANDO, FL 32836

Title: VD (X) Change () Addition
Name: DOLAN, LESA
Address: 10004 N FULTON COURT
City-St-Zip: ORLANDO, FL 32836

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

Title: SD () Change (X) Addition
Name: STEWART, PATTY
Address: 8519 GRANADA BLVD
City-St-Zip: ORLANDO, FL 32819

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: ANDREW THOMAS

PD

02/14/2007

Electronic Signature of Signing Officer or Director

Date