

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003235

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** MARTIN COUNTY NORTH LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

4564 SW HONEY TERRACE  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

9902 SW LAMAR TERRACE  
PALM CITY, FL 34990 US

**Current Mailing Address:**

P.O. BOX 857  
PALM CITY, FL 34991 US

**New Mailing Address:**

**FEI Number:** 65-0056971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROCITTO, LOUISE M  
9902 SW LAMAR TERRACE  
PALM CITY, FL 34990 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  
Name: CROCITTO, LOUISE  
Address: 9902 SW LAMAR TERRACE  
City-St-Zip: PALM CITY, FL 34990

Title: TD  
Name: GIUNTA, DAVID R  
Address: 1650 SW PROSPERITY WAY  
City-St-Zip: PALM CITY, FL 34990

Title: VPD  
Name: RODGERS, MARK  
Address: PO BOX 2612  
City-St-Zip: PALM CITY, FL 34991

Title: SD  
Name: MUCIA, CHRISTINA  
Address: 2082 SW ASHTON WAY  
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: DAVID R. GIUNTA

TD

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date