


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90029 050 \*\*\*\*61.25

<b>DOCUMENT # N94000004920</b> 1. Entity Name <b>BRADEN RIVER LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>7382 LOCKWOOD RIDGE RD. SARASOTA, FL 34203 US</b>				Mailing Address <b>P.O. BOX 20845 BRADENTON, FL 34203 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0522436</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARILL, JEFF 909 48TH ST. CIRCLE E BRADENTON, FL 34209</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PARILL, JEFF</b>		NAME	<b>PARILL, JEFF</b>	
STREET ADDRESS	<b>99 48TH ST., CIRCLE E</b>		STREET ADDRESS	<b>909 48TH STREET CIRCLE EAST BRADENTON, FL 34209</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BENSON, JEFF</b>		NAME	<b>VAN VRANKEN, BETH</b>	
STREET ADDRESS	<b>6409 99TH ST. E.</b>		STREET ADDRESS	<b>9320 FORRESTER DRIVE BRADENTON, FL 34202</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>	
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PLATT, R. TERRY</b>		NAME	<b>HARRIS, KEVIN</b>	
STREET ADDRESS	<b>12528 NATUREVIEW CIRCLE</b>		STREET ADDRESS	<b>4603 RUNABOUT WAY BRADENTON, FL 34203</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34212</b>		CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BENSON, SHELLY</b>		NAME	<b>HAUCK, DAVID</b>	
STREET ADDRESS	<b>6409- 99TH ST. E</b>		STREET ADDRESS	<b>5014 PERIDIA BLVD EAST BRADENTON, FL 34203</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>		CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>BENSON, JEFF</b>	
STREET ADDRESS			STREET ADDRESS	<b>6409 99TH ST EAST BRADENTON, FL 34202</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>BENSON, SHELLY</b>	
STREET ADDRESS			STREET ADDRESS	<b>6409 99TH STREET EAST BRADENTON, FL 34202</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>	
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.					
<b>SIGNATURE:</b> <i>David P. Hauck</i>			<b>DAVID P. HAUCK</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-9-07</b> Daytime Phone # <b>941-751-4635</b>		