

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000543

FILED
May 02, 2004
Secretary of State**Entity Name:** DEBARY LITTLE LEAGUE, INCORPORATED**Current Principal Place of Business:**100 W Highbanks Rd
DeBary, FL 32713 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 530035
DeBary, FL 32713 US**New Mailing Address:****FEI Number:** 59-3331933**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POWELL, KATHLEEN A CP
84 GODDARD DR.
DeBary, FL 32713 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: VD () Delete
Name: SANDFORT, MIKE
Address: 109 FLORIDANA RD
City-St-Zip: DeBary, FL 32713

Title: SD () Delete
Name: ABBOTT, JIM
Address: 50 MAGNOLIA DR
City-St-Zip: DeBary, FL 32713

Title: T () Delete
Name: POWELL, KATHLEEN A
Address: 84 GODDARD DR.
City-St-Zip: DeBary, FL 32713

Title: P () Delete
Name: LIPINSKI, JOSEPH
Address: 18 DALEWOOD DR.
City-St-Zip: DeBary, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MORRIS, TOM
Address: 35 DOGWOOD TR
City-St-Zip: DeBary, FL 32713

Title: SD (X) Change () Addition
Name: CAMPBELL, DEBBIE
Address: 101 SANFORD AVE
City-St-Zip: DeBary, FL 32713

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

Title: P (X) Change () Addition
Name: BRANDANI, FAYE
Address: 243 PLUMOSA RD
City-St-Zip: DeBary, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN A. POWELL

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05/02/2004

Electronic Signature of Signing Officer or Director

Date