

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000543

FILED
Apr 28, 2007
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:

Pownall, 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: S () Delete
Name: BERSON, BECKY
Address: 155 AMBERGATE CT
City-St-Zip: DEBARY, FL 32713

Title: P () Delete
Name: POWNALL, KATHLEEN A
Address: 84 GODDARD DRIVE
City-St-Zip: DEBARY, FL 32713

Title: T (X) Delete
Name: GAUL, VALERIE
Address: 99 ROSEHILL CRESCENT CT
City-St-Zip: DEBARY, FL 32713

Title: T (X) Delete
Name: BORDAS, JOHN
Address: 3000 HAMPTON HILLS CT
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BERSON, BECKY
Address: 155 AMBERGATE CT
City-St-Zip: DEBARY, FL 32713

Title: D (X) Change () Addition
Name: POWNALL, KATHLEEN A
Address: 84 GODDARD DRIVE
City-St-Zip: DEBARY, FL 32713

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

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

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: KATHLEEN A. POWNALL

D

04/28/2007

Electronic Signature of Signing Officer or Director

Date