

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90147 020 ****70.00

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1. Entity Name

**NORTHEAST DIXIE YOUTH BASEBALL/SOFTBALL
LEAGUE, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 3221
WINTER HAVEN FL 33885**

**P.O. BOX 3221
WINTER HAVEN FL 33885**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

42-1533016

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RILEY, BERNITA
901 AVE. ONE
WINTER HAVEN FL 33881**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	COLSTON, LAWRENCE	
STREET ADDRESS	826 WARE AVE NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, LADONNA	
STREET ADDRESS	390 AVE. S.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	P	<input type="checkbox"/> Delete
NAME	RILEY, BERNITA	
STREET ADDRESS	901 AVE ONE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUDSON, JIMMIE	
STREET ADDRESS	1905 BROWN STREET NE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	A	<input type="checkbox"/> Delete
NAME	HOGAN, JAMES	
STREET ADDRESS	1706 TERRY CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela mckinnon	
STREET ADDRESS	2017 6th St. NE	
CITY-ST-ZIP	Winter Haven, FL. 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Bernita Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2006 863-318-3586

Date

Telephone #