

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90025 008 ****70.00

DOCUMENT # N95000000750

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 3221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven FL

Zip

Country

33885

Country

USA

4. FEI Number

42-1533016

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



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 **Riley, Bernita**

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

2764 Rochelle Dr.

City **Winter Haven**

FL

Zip Code **33881**

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

Bernita Riley

Bernita Riley

3-25-08

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **COLSTON, LAWRENCE**
STREET ADDRESS **826 WARE AVE NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **MCKINNON, ANGELA**
STREET ADDRESS **2077 6TH ST. NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **S** ☒ Change ☐ Addition
NAME **mckinnon, angela**
STREET ADDRESS **410 Parker Lane**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **P** ☐ Delete
NAME **RILEY, BERNITA**
STREET ADDRESS **901 AVE ONE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☒ Delete
NAME **HUDSON, JIMMIE**
STREET ADDRESS **1905 BROWN STREET NE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **T** ☐ Change ☒ Addition
NAME **mckinnon, angela**
STREET ADDRESS **410 Parker Lane**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **A** ☐ Delete
NAME **HOGAN, JAMES**
STREET ADDRESS **1706 TERRY CIRCLE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

3-25-08

863-287-3122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #