

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000750

FILED
Mar 05, 2009
Secretary of State

Entity Name: NORTHEAST DIXIE YOUTH BASEBALL/SOFTBALL LEAGUE, INC.

Current Principal Place of Business:

P.O. BOX 3221
WINTER HAVEN, FL 33885

New Principal Place of Business:

801 AVE O NE
WINTER HAVEN, FL 33881

Current Mailing Address:

PO BOX 3221
WINTER HAVEN, FL 33885

New Mailing Address:

P.O. BOX 3221
WINTER HAVEN, FL 33885

FEI Number: 42-1533016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERNITA, RILEY
2764 ROCHELLE DR.
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

RILEY, BERNITA
2764 ROCHELLE DR.
WINTER HAVEN, FL 33881 US

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: BERNITA RILEY

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COLSTON, LAWRENCE
Address: 826 WARE AVE NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: MCKINNON, ANGELA
Address: 410 PARKER LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: P () Delete
Name: RILEY, BERNITA
Address: 901 AVE ONE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: MCKONNON, ANGELA
Address: 410 PARKER LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: A () Delete
Name: HOGAN, JAMES
Address: 1706 TERRY CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MC KINNON, ANGELA
Address: 409 PARKER LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: P (X) Change () Addition
Name: RILEY, BERNITA
Address: 2764 ROCHELLE DR.
City-St-Zip: WINTER HAVEN, FL 33881

Title: T (X) Change () Addition
Name: MC KINNON, ANGELA
Address: 409 PARKER LANE
City-St-Zip: WINTER HAVEN, FL 33881

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: BERNITA RILEY

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date