


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90005 003 \*\*\*\*61.25

<b>DOCUMENT # N95000000884</b>	
1. Entity Name NORTHSIDE BAT & BALL LITTLE LEAGUE, INC.	

Principal Place of Business 1306 AVENUE O FT. PIERCE, FL 34950 US	Mailing Address POST OFFICE BOX 1656 FT. PIERCE, FL 34950
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0000438



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 69-1166950	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MILLER, LILLIE R 1901 ROYAL PALM DR FORT PIERCE, FL 34982	

7. Name and Address of New Registered Agent	
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 registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, LILLIE R 1901 ROYAL PALM DR FORT PIERCE, FL 34982 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSUE, DIANA 2310 AVENUE N FORT PIERCE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERRICKS, DEBRA 202 S.E. CALMOSO DRIVE PORT ST. LUCIE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD TORY, TONJA 2836 48TH STREET VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, JAMES 1808 AVENUE I FORT PIERCE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tory, Tonja 2836 48th street Vero Beach, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD Nedd, Rochelle 2609 avenue m Fort Pierce, FL 34947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Swoope, Vernesa 1606 N. 35th street Fort Pierce, FL 34947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lillie R. Miller 01/12/05 772-461-1168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
50002498  
Division of Corporations

## Annual Report

Document Number

N95000000884

Business Entity Name

NORTHSIDE BAT &amp; BALL LITTLE LEAGUE, INC.

FEI Number

691166950

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

1306 AVENUE O

Suite, Apt. #, etc.

City, State

FT. PIERCE

FL

Zip Code &amp; Country

34950

US

## Mailing Address

Address

POST OFFICE BOX 1656

Suite, Apt. #, etc.

City, State

FT. PIERCE

FL

Zip Code &amp; Country

34950

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MILLER

LILLIE

R

-or- RA Business Name

Address

1901 ROYAL PALM DR

Suite, Apt. #, etc.

City, State

FORT PIERCE

FL

Zip Code &amp; Country

34982

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be

50002498  
# N95000000884

made with the full knowledge and permission of the individual, otherwise it constitutes  
forgery under s.831.06, Florida Statutes.

## Officer/Director Name And Address

Title PD  
Name (Last, First, Middle, Title) MILLER LILLIE R  
-or- Entity Name  
Street Address 1901 ROYAL PALM DR  
City, State FORT PIERCE FL  
Zip Code & Country 34982

Title VD  
Name (Last, First, Middle, Title) JOSUE DIANA  
-or- Entity Name  
Street Address 2310 AVENUE N  
City, State FORT PIERCE FL  
Zip Code & Country 34950

Title SD  
Name (Last, First, Middle, Title) TORY TONJA  
-or- Entity Name  
Street Address 2836 48TH STREET  
City, State VERO BEACH FL  
Zip Code & Country 32967

Title OD  
Name (Last, First, Middle, Title) NEDD ROCHELLE  
-or- Entity Name  
Street Address 2609 AVENUE M  
City, State FORT PIERCE FL  
Zip Code & Country 34947

Title SD  
Name (Last, First, Middle, Title) ROBINSON JAMES  
-or- Entity Name  
Street Address 1808 AVENUE I  
City, State FORT PIERCE FL