


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000884	
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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01312006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-1166950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, LILLIE R 1901 ROYAL PALM DR FORT PIERCE, FL 34982

**DO NOT WRITE
IN THIS SPACE**

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 *Lillie R Miller* 01/31/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000417894
02/13/06-80071-021 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MILLER, LILLIE R 1901 ROYAL PALM DR FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD JOSUE, DIANA 2310 AVENUE N FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD TORY, TONJA 2836 48TH STREET VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY- ST- ZIP	OD NEDD, ROCHELLE 2609 AVENUE M FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ROBINSON, JAMES 1808 AVENUE I FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SWOOPE, VERNESHA 1606 N 35TH STREET FORT PIERCE, FL 34947

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* 01/31/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #