2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N95000000884

Entity Name: NORTHSIDE BAT & BALL LITTLE LEAGUE, INC.

Current Principal Place of Business:

1306 AVENUE O
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1656
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 69-1166950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSUE`, DIANA D
2310 AVENUE N
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JOSUE`, DIANA D	
Address:	2310 AVENUE N	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	VP	( ) Delete
Name:	MCCUTCHEN, DEBRA	
Address:	4600 EVERGREEN AVENUE	
City-St-Zip:	FORT PIERCE, FL 34947	
Title:	SD	( ) Delete
Name:	WHITFIELD, ANITA	
Address:	705 DUNDAS COURT	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	OD	( ) Delete
Name:	BURNS, ANN	
Address:	1205 NORTH 21ST STREET	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	SD	( ) Delete
Name:	ROBINSON, JAMES	
Address:	1808 AVENUE I	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	TD	( ) Delete
Name:	GAINES, ALWYN	
Address:	1716 17TH PLACE	
City-St-Zip:	VERO BEACH, FL 32962	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	RHAHEED, JACKIE	
Address:	P.O. BOX 3883	
City-St-Zip:	FORT PIERCE, FL 34948	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: DIANA D. JOSUE` PRES 01/05/2009

Electronic Signature of Signing Officer or Director — Date