

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001439

FILED  
Jan 22, 2005  
Secretary of State

Entity Name: OLDSMAR LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

3120 TAMPA ROAD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 714  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 59-3303644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LIEBLING, LAWRENCE H  
24761 U.S. 19 NORTH, SUITE 620  
CLEARWATER, FL 34623 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: SCAGGS, LORI  
Address: 821 JACARANDA DR  
City-St-Zip: OLDSMAR, FL 34677

Title: VP ( ) Delete  
Name: SYRO, JOHN  
Address: 405 VENTURA DR  
City-St-Zip: OLDSMAR, FL 34677

Title: S ( ) Delete  
Name: LEPPERT, GAIL  
Address: 616 TIMBER BAY CIRCLE W  
City-St-Zip: OLDSMAR, FL 34677

Title: T ( ) Delete  
Name: ADZIMA, ALLAN  
Address: 45 KELLEYS TRAIL  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: SGRO, JOHN  
Address: 405 VENTURA DR  
City-St-Zip: OLDSMAR, FL 34677

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 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 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: ALLAN ADZIMA

T

01/22/2005

Electronic Signature of Signing Officer or Director

Date