

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000001954

1. Entity Name
DR. PHILLIPS LITTLE LEAGUE SPORT, INC.



Principal Place of Business
**8961 ROYAL BIRKDALE LANE
ORLANDO, FL 32819 US**

Mailing Address
**8961 ROYAL BIRKDALE LANE
ORLANDO, FL 32819 US**



01142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3320050

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOUGHERTY, JOHN
2431 DINNEEN AVE.
ORLANDO, FL 32804**

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000799451
01/30/08-90069-022 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVST
PALM, STEVEN R.
8961 ROYAL BIRKDALE LANE
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
DOUGHERTY, JOHN
1730 DIPLOMACY ROW
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MARTIN, CHRIS
7011 NOBLETON DRIVE
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BURNETT, HARVEY
P.O. BOX 3753 N/A
ORLANDO, FL 32802**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
HUTTON, MARK
5644 BAYSIDE DRIVE
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/08