

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002275

FILED
Jan 19, 2005
Secretary of State

Entity Name: NORTH NAPLES LITTLE LEAGUE, INC.

Current Principal Place of Business:

NAPLES PARK
685 111TH AVE N
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110304
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 52-1287639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIEGER, ANGELA
4013 TREADWATER CT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

DILELLA, ROB
2791 ARDISIA LANE
NAPLES, FL 34109 US

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: ROB DILELLA

01/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIEGER, GENE
Address: 4013 TREADWATER CT
City-St-Zip: NAPLES, FL 34109

Title: V () Delete
Name: ROSS, MATHEW
Address: 1096 THE LANE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: HAFENBRACK, BARBARA
Address: 590 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: FIEGER, ANGELA
Address: 4013 TREADWATER CT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: DILELLA, ROB
Address: 2791 ARDISIA LANE
City-St-Zip: NAPLES, FL 34109

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: ROB DILELLA

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01/19/2005

Electronic Signature of Signing Officer or Director

Date