

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004355

FILED
Feb 14, 2008
Secretary of State

Entity Name: THE DEFUNIAK LITTLE LEAGUE ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1795
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

469 S 25TH STREET
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

PO BOX 1795
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 65-0611979 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIS, MARK D
10 EAST BALDWIN AVENUE STE 5
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

DAVIS, MARK D
694 BALDWIN AVE
STUITE 1
DEFUNIAK SPRINGS, FL 32435 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: _____

02/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCLEAN, ELLEN
Address: 28 W SLOSS AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DS () Delete
Name: GODWIN, CORY
Address: 844 SMITH RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DT () Delete
Name: SUPPLE, JEAN
Address: 738 LAKESIDE DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: MURPHY, RONNIE
Address: 12288 HWY 90 W
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOWELL, CHRISSY
Address: 1482 HWY 185
City-St-Zip: WESTVILLE, FL 32464

Title: DS (X) Change () Addition
Name: TRUETT, CARRY
Address: 23 MARYS COURT
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DT (X) Change () Addition
Name: WOOD, SANDI L
Address: 585 WOODYARD ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D (X) Change () Addition
Name: FOREHAND, MARK
Address: 530 HWY 2 W
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: SANDI L WOOD

DT

02/14/2008

Electronic Signature of Signing Officer or Director

Date