

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90001 022 ****61.25

DOCUMENT # N96000000548

1. Entity Name
FORT PIERCE NATIONAL LITTLE LEAGUE, INC.



Principal Place of Business: **2503 DELAWARE AVE FT PIERCE FL 34947**
 Mailing Address: **P.O. BOX ~~209~~ 4167 FT PIERCE FL ~~34954-0283~~ 34948**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **PO Box 4167**
 Suite, Apt. #, etc.

City & State: **Fort Pierce, FL**
 Zip: **34948** Country: **U.S.**



MOORE CR2E037 (4/04)

4. FEI Number: **65-0644588**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GARBERS, KEVIN L
 7205 ARTHURS RD
 FORT PIERCE FL 34951**

7. Name and Address of New Registered Agent
 Name: **Christine Howle**
 Street Address (P.O. Box Number is Not Acceptable): **7808 Deer Park Ave**
 City: **Fort Pierce** FL Zip Code: **34951**

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: *Shelby B. Harrell* DATE: **9/6/04**

**FILE NOW: FEE IS \$61.25
 Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: GARBERS, KEVIN L STREET ADDRESS: 7205 ARTHURS RD CITY-ST-ZIP: FT PIERCE FL 34951	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: BRUHN, MARLA STREET ADDRESS: 801 S 40TH CT CITY-ST-ZIP: FORT PIERCE FL 34947	<input checked="" type="checkbox"/> Delete
TITLE: DS NAME: HARRELL, SHELBY STREET ADDRESS: 610 EMERALD AVE. CITY-ST-ZIP: FORT PIERCE FL 34945	<input type="checkbox"/> Delete
TITLE: DT NAME: SURRENCY, RENEE STREET ADDRESS: 151 EMERALD AVE. CITY-ST-ZIP: FORT PIERCE FL 34945	<input type="checkbox"/> Delete
TITLE: D NAME: SUMMERLIN, BARBARA STREET ADDRESS: 901 CITRUS AVE. CITY-ST-ZIP: FORT PIERCE FL 34950	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Howle, Christine STREET ADDRESS: 7808 Deer Park Ave CITY-ST-ZIP: Fort Pierce, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: Summerlin, Barbara STREET ADDRESS: 901 Citrus Ave CITY-ST-ZIP: Fort Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: Harrell, Shelby STREET ADDRESS: 610 Emerald Ave CITY-ST-ZIP: Fort Pierce, FL 34945	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: Surrency, Renee STREET ADDRESS: 330 N. Brocksmith Rd CITY-ST-ZIP: Fort Pierce, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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, with all other like empowered.

SIGNATURE: *Shelby B. Harrell* DATE: **9/6/04** DAYTIME PHONE #: **772-216-3613**