


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N96000000548 1. Entity Name FORT PIERCE NATIONAL LITTLE LEAGUE, INC. |  |
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| Principal Place of Business 2503 DELAWARE AVE FT PIERCE, FL 34947 | Mailing Address P.O. BOX 4167 FORT PIERCE, FL 34948 |
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04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 65-0644588 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HOULE, CHRISTINE
7808 DEER PARK AVE
FORT PIERCE, FL 34951

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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 not stating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOULE, CHRISTINE 7808 DEER PARK AVE FORT PIERCE, FL 34951 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SUMMERLIN, BARBARA 901 CITRUS AVE FORT PIERCE, FL 34950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HARRELL, SHELBY 610 EMERALD AVE. FORT PIERCE, FL 34945 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SURRENCY, RENEE 30 N. BROOKSMITH RD FORT PIERCE, FL 34945 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/25/05-80088-016 61.25

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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 L. Harrell 4/14/05 772-467-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #