

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000548

FILED  
Mar 11, 2006  
Secretary of State

**Entity Name:** FORT PIERCE NATIONAL LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

2503 DELAWARE AVE  
FT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4167  
FORT PIERCE, FL 34948

**New Mailing Address:**

**FEI Number:** 65-0644588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOULE, CHRISTINE  
Address: 7808 DEER PARK AVE  
City-St-Zip: FORT PIERCE, FL 34951

Title: VD ( ) Delete  
Name: SUMMERLIN, BARBARA  
Address: 901 CITRUS AVE  
City-St-Zip: FORT PIERCE, FL 34950

Title: DS ( ) Delete  
Name: HARRELL, SHELBY  
Address: 610 EMERALD AVE.  
City-St-Zip: FORT PIERCE, FL 34945

Title: DT ( ) Delete  
Name: SURRENCY, RENEE  
Address: 30 N. BROOKSMITH RD  
City-St-Zip: FORT PIERCE, FL 34945

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DS (X) Change ( ) Addition  
Name: TROSKA, RAQUEL  
Address: 1216 PULITZER RD  
City-St-Zip: FT PIERCE, FL 34945

Title: DT (X) Change ( ) Addition  
Name: SURRENCY, RENEE  
Address: 330 N. BROOKSMITH RD  
City-St-Zip: FORT PIERCE, FL 34945

I hereby certify that the information supplied with this filing does not qualify for the 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: RENEE SURRENCY

DT

03/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date