

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000548

FILED
Apr 16, 2007
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:

PRESUTTI, PAT
403 WOODCREST DRIVE
FORT PIERCE, FL 34945 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: PAT PRESUTTI

04/16/2007

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: TROSKA, RAQUEL
Address: 1216 PULITZER RD
City-St-Zip: FT PIERCE, FL 34945

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRESUTTI, PAT
Address: 403 WOODCREST DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: VD (X) Change () Addition
Name: CAPEZZA, CHRIS
Address: 8004 CITRUS PARK BLVD
City-St-Zip: FORT PIERCE, FL 34951

Title: DS (X) Change () Addition
Name: KUBITSCHKEK, MICHELLE
Address: 6400 FLOYD JOHNSTON ROAD
City-St-Zip: FT PIERCE, FL 34947

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

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

04/16/2007

Electronic Signature of Signing Officer or Director

Date