

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001154

FILED
Mar 27, 2009
Secretary of State

Entity Name: NORTHWEST ESCAMBIA LITTLE LEAGUE, INC.

Current Principal Place of Business:

4760 HIGHWAY 97
WALNUT HILL, FL 32568

New Principal Place of Business:

Current Mailing Address:

3855 ASHCRAFT RD
CENTURY, FL 32535

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKS, THERESA
3855 ASHCRAFT RD.
CENTURY, FL 32535 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: P () Delete
Name: HANKS, STEVE
Address: 3855 ASHCRAFT RD
City-St-Zip: BRATT, FL 32535

Title: VP () Delete
Name: HOLLAND, WAYNE
Address: 2720 BREASTWORKS RD
City-St-Zip: BRATT, FL 32535

Title: S () Delete
Name: BROWN, PAM
Address: 5880 ROCKAWAY CREEK RD
City-St-Zip: WALNUT HILL, FL 32568

Title: TD () Delete
Name: HANKS, THERESA
Address: 3855 ASHCRAFT ROAD
City-St-Zip: BRATT, FL 32535

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BROWN, PAM
Address: 5880 ROCKAWAY CREEK
City-St-Zip: WALNUT HILL, FL 32568

Title: S (X) Change () Addition
Name: PEEBLES, JENNIFER
Address: 6750 PINE FOREST RD
City-St-Zip: WALNUT HILL, FL 32568

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

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: THERESA HANKS

TREA

03/27/2009

Electronic Signature of Signing Officer or Director

Date