

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001261

FILED  
Mar 01, 2006  
Secretary of State

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

**Current Principal Place of Business:**

2503 DELAWARE AVE  
FT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 13041  
FORT PIERCE, FL 349483041

**New Mailing Address:**

4242 FAVORITE ROAD  
FORT PIERCE, FL 34981

**FEI Number:** 65-0661368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRELL, SHELBY B  
610 EMERALD AVE  
FORT PIERCE, FL 34945 US

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

GILKEY, TREVA  
4242 FAVORITE ROAD  
FORT PIERCE, FL 34981 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: TREVA GILKEY

03/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Delete  
Name: SLONE, LYNN  
Address: 6103 PALM DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: TD (X) Delete  
Name: FRENCH, DAVID  
Address: 111 WOODCREST  
City-St-Zip: FORT PIERCE, FL 34945

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

Title: PD (X) Change ( ) Addition  
Name: KUBITSCHKEK, MICHELLE  
Address: 6400 FLOYD JOHNSON ROAD  
City-St-Zip: FORT PIERCE, FL 34947

Title: TD (X) Change ( ) Addition  
Name: GILKEY, TREVA  
Address: 4242 FAVORITE ROAD  
City-St-Zip: FORT PIERCE, FL 34981

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

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: TREVA GILKEY

TD

03/01/2006

Electronic Signature of Signing Officer or Director

Date