

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90023 011 \*\*\*\*61.25

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01042006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N96000001991</b> 1. Entity Name <b>BAKER COUNTY LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 762 ST. MARY, FL 32040</b>			Mailing Address <b>POST OFFICE BOX 762 ST. MARY, FL 32040</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2320522</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HOLLY, MANN 10416 STODDARD AVE PO BOX 453 GLEN SAINT MARY, FL 32040</b>			Name <b>Tyson, Johnny</b> Street Address (P.O. Box Number is Not Acceptable) <b>1238 Rufus Powers Road</b> City <b>Glen St Mary</b> <b>FL</b> Zip Code <b>32040</b>		
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 <b>Johnny Tyson, President/Director</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>1/5/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DUVAL, PHIL P.O. BOX 238 MACCLENNEY, FL 32063</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Tyson, Johnny 1238 Rufus Powers Road Glen St Mary, FL 32040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COMBS, DONALD 5101 LEWIS COVEN RD. MACCLENNEY, FL 32063</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Miller, Billy 1129 Copperfield Circle Macclenny, FL 32063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MANN, HOLLY 10416 STODDARD AVE PO BOX 453 GLEN SAINT MARY, FL 32040</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Wilkerson, Barbara 14705 Jesse Yarbrough Rd Glen St Mary, FL 32040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT BURNSED, MELISSA RT 1, BOX 2169-A ST. GEORGE, GA 31646</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Wilson, Rosa 773 Fox Run Circle Macclenny, FL 32063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT HIGH, TERI 904 CHRISTIE COURT MACCLENNEY, FL 32063</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>			<b>Johnny Tyson, President/Director</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>1/5/2006</b>		