

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001991

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: BAKER COUNTY LITTLE LEAGUE, INC.

## Current Principal Place of Business:

POST OFFICE BOX 762  
ST. MARY, FL 32040

## New Principal Place of Business:

OHIO AVE #8TH ST SWC  
GLEN ST. MARY, FL 32040

## Current Mailing Address:

POST OFFICE BOX 762  
ST. MARY, FL 32040

## New Mailing Address:

POST OFFICE BOX 762  
GLEN ST. MARY, FL 32040

FEI Number: 59-2320522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMBS, DONALD  
5101 LEWIS COVEN RD  
MACCLENLY, FL 32063 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: COMBS, DONALD  
Address: 5101 LEWIS COVEN RD  
City-St-Zip: MACCLENLY, FL 32063

Title: D ( ) Delete  
Name: BURNSED, MELISSA  
Address: RT 1, BOX 2169-A  
City-St-Zip: ST. GEORGE, GA 31646

Title: D ( ) Delete  
Name: HIGH, TERI  
Address: 904 CHRISTIE COURT  
City-St-Zip: MACCLENLY, FL 32063

Title: VD ( ) Delete  
Name: MILLER, WILLIAM  
Address: 1129 COPPERFIELD CIRCLE  
City-St-Zip: MACCLENLY, FL 32063

Title: T ( ) Delete  
Name: CREWS, DEBBIE  
Address: 8410 HORSESHOE LOOP  
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: S ( ) Delete  
Name: WILSON, ROSA  
Address: 14177 CAMELOT PLACE  
City-St-Zip: MACCLENLY, FL 32063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ID (X) Change ( ) Addition  
Name: BURNSED, MELISSA  
Address: RT 1, BOX 2169-A  
City-St-Zip: ST. GEORGE, GA 31646

Title: PA (X) Change ( ) Addition  
Name: HIGH, TERI  
Address: 904 CHRISTIE COURT  
City-St-Zip: MACCLENLY, FL 32063

Title: VP (X) Change ( ) Addition  
Name: MILLER, WILLIAM  
Address: 1129 COPPERFIELD CIRCLE  
City-St-Zip: MACCLENLY, FL 32063

Title: T (X) Change ( ) Addition  
Name: HATHCOX, LORA  
Address: 525 ISLAMORADA DR. S  
City-St-Zip: MACCLENLY, FL 32063

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: LORA HATHCOX

T

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date