

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001991

FILED
Feb 16, 2010
Secretary of State

Entity Name: BAKER COUNTY LITTLE LEAGUE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

OHIO AVE #8TH ST SWC
MACCLENLY, FL 32063

Current Mailing Address:

POST OFFICE BOX 762
GLEN ST. MARY, FL 32040

New Mailing Address:

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

Title: ID
Name: BURNSD, MELISSA
Address: RT 1, BOX 2169-A
City-St-Zip: ST. GEORGE, GA 31646

Title: PA
Name: HIGH, TERI
Address: 904 CHRISTIE COURT
City-St-Zip: MACCLENLY, FL 32063

Title: VP
Name: MILLER, WILLIAM
Address: 1129 COPPERFIELD CIRCLE
City-St-Zip: MACCLENLY, FL 32063

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

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

I hereby 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 all other like empowered.

SIGNATURE: LORA HATHCOX

T

02/16/2010

Electronic Signature of Signing Officer or Director

Date