

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002289

FILED
Apr 30, 2008
Secretary of State

Entity Name: SHALIMAR LITTLE LEAGUE, INC.

Current Principal Place of Business:

75 4TH AVE
SHALIMAR, FL 32579

New Principal Place of Business:

4TH AVE AND 8TH STREET
NO MAILBOX AVAILABLE
SHALIMAR, FL 32579

Current Mailing Address:

PO BOX 156
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 52-1234524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESTAVEN III, JAMES
1201 THOMASON DR
FT WALTON BEACH, FL 32547 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: VP2 () Delete
Name: CRAMER, LONNIE
Address: 36 POPLAR AVE.
City-St-Zip: SHALIMAR, FL 32579

Title: VP1 () Delete
Name: SCHULTZ, ANGIE
Address: 618 FAIRWAY AVE NE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: PA () Delete
Name: REEVES, MISSY
Address: 44 SHALIMAR DR
City-St-Zip: SHALIMAR, FL 32579

Title: P () Delete
Name: DESTAVEN III, JAMES
Address: 1201 THOMASON DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: S () Delete
Name: LEE, CYNTHIA
Address: 995 DENTON BLVD NW
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: R () Delete
Name: STEVENSON, JANICE
Address: 407 MARLOWE DR
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP2 (X) Change () Addition
Name: MASON, CHAD
Address: 302 NE HUNTERPLACE
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: SEC (X) Change () Addition
Name: OLIVAS, RHONDA
Address: 3 PALM SPRINGS CT
City-St-Zip: SHALIMAR, FL 32579

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

Title: PA (X) Change () Addition
Name: LEE, PAT
Address: 995 DENTON BLVD NW
City-St-Zip: FORT WALTON BEACH, FL 32547

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: JAMES DESTAVEN III

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date