

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002289

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: SHALIMAR LITTLE LEAGUE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## 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: MASON, CHAD  
Address: 302 NE HUNTERPLACE  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: SEC ( ) Delete  
Name: OLIVAS, RHONDA  
Address: 3 PALM SPRINGS CT  
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: PA ( ) Delete  
Name: LEE, PAT  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

Title: LIO (X) Change ( ) Addition  
Name: STEVENSON, JANICE  
Address: 407 MARLOWE DR  
City-St-Zip: FT WALTON BEACH, FL 32548

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

03/25/2009

Electronic Signature of Signing Officer or Director

Date