

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003305

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** KEY WEST LITTLE CONCH BASEBALL LEAGUE, INC.

**Current Principal Place of Business:**

3111 NORTHSIDE DR  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

3111 NORTHSIDE DR  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0643805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPOTTSWOOD, WILLIAM B  
500 FLEMING STREET  
KEY WEST, FL 33040 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: P ( ) Delete  
Name: VELIZ, GREGORY  
Address: 3111 NORTHSIDE DR  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete  
Name: ESTENOZ, ANTONIO  
Address: 3111 NORTHSIDE DR  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: FREEMAN, TIFFANY  
Address: 3111 NORTHSIDE DR  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: BARRIOS, DONALD  
Address: 3111 NORTHSIDE DR  
City-St-Zip: KEY WEST, FL 33040

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: TIFFANY M. FREEMAN

MRS.

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date