


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90033 046 \*\*\*\*61.25

<b>DOCUMENT # N97000004162</b> 1. Entity Name <b>PALM HARBOR NATIONAL LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>2893 CINNAMON BEAR TRAIL PALM HARBOR, FL 34684</b>			Mailing Address <b>P.O. BOX 640 PALM HARBOR, FL 34683</b>		
2. Principal Place of Business - No P.O. Box # <b>1813 Forest Drive</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Oldsmar, FL</b>		City & State			
Zip <b>34677</b>		Country <b>US</b>		4. FEI Number <b>59-3452280</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, LINDA 2893 CINNAMON BEAR TRAIL PALM HARBOR, FL 34684</b>			7. Name and Address of New Registered Agent Name <b>Brockman, Kim</b> Street Address (P.O. Box Number is Not Acceptable) <b>1813 Forest Drive</b> City <b>Oldsmar</b> <b>FL</b> Zip Code <b>34677</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Kim Brockman, President</i></u> <span style="float: right;">4/2/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, LINDA 2893 CINNAMON BEAR TRAIL PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Brockman, Kim 1813 Forest Drive Oldsmar, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAINER, ANGELA 4383 ELLENWOOD BLVD PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <del>293</del> Cook, Erik 293 Whisper Lake Rd. Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KELTER, EARL 10 LAKE ST GEORGE BLVD PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Melora Bacchus 3563 Ermine Path Palm Harbor, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Kim Brockman / Kim Brockman</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/2/07</b> <small>Date</small>		<b>727-647-2985</b> <small>Daytime Phone #</small>