


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90055 018 ****61.25

DOCUMENT # N97000004162 1. Entity Name PALM HARBOR NATIONAL LITTLE LEAGUE, INC.					
Principal Place of Business 1813 FOREST DRIVE OLDSMAR, FL 34677			Mailing Address P.O. BOX 640 PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box # 967 Pine Hill Road		3. Mailing Address Suite, Apt. #, etc.			
City & State Palm Harbor, FL		City & State			
Zip 34683		Country USA		Zip	
Country		Country			
6. Name and Address of Current Registered Agent BROCKMAN, KIM 1813 FOREST DRIVE OLDSMAR, FL 34677					
7. Name and Address of New Registered Agent Name Jodi Snyder Street Address (P.O. Box Number is Not Acceptable) 967 Pine Hill Road Palm Harbor FL 34683					
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>Jodi L Snyder</i></u> DATE <u>1/12/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROCKMAN, KIM 1813 FOREST DRIVE OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joyner, Rick 441 Meravan Drive Palm Harbor, FL 34683	<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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Snyder, Jodi 967 Pine Hill Road 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Snyder Richard 967 Pine Hill Road Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, ERIK 293 WHISPER LAKE RD PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Zimmerman, Jamie 3337 Orange Pointe Ave. Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECOHUS, MELORA 3563 ERMINE PATH PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Zimmerman, Jamie 3337 Orange Pointe Ave. Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, ERIK 293 WHISPER LAKE RD PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Snyder Richard 967 Pine Hill Road Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <u><i>Jodi L Snyder</i></u> 1-13-08 727-423-0920 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					