2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90042 006 ****70.00

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1. Entity Name
CRESTVIEW LITTLE LEAGUE, INC.

24010996

Principal Place of Business	Mailing Address
PO BOX 1452 CRESTVIEW, FL 32539 US	PO BOX 1452 CRESTVIEW, FL 32539 US

02022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3481512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, JOHN C
137 STEEPLE CHOPSE DRIVE
CRESTVIEW, FL 32539

7. Name and Address of New Registered Agent

Name Cory Brewer
Street Address (P.O. Box Number is Not Acceptable)
36 LAKE Rosemary Ct
City Defuniak Springs FL Zip Code 32433

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYNCH, JOHN 135 STEEPLE CHASE DRIVE CRESTVIEW, FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Cory Brewer 36 LAKE Rosemary Ct Defuniak Springs FL 32433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HILE, MARTIN 2985 WINDOR CIRCLE CRESTVIEW, FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MIKE BLAIR 4767 Cornado Circle Crestview FL 32539	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAMPBELL, PATRICIA 126 SPRINGWOOD CIRCLE CRESTVIEW, FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PA BREWER, CORY 125 W 1ST AVENUE APT 17 CRESTVIEW, FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PA KIMBERLY LYNCH 137 Steeple Chase Crestview FL 32539	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIS, WILLIAM 5318 WHITNEY CT CRESTVIEW, FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYNCH, KIMBERLY 137 STEEPLE CHASE DRIVE CRESTVIEW, FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BECKY BLAIR 4767 Cornado Circle Crestview FL 32539	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #