


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90002 023 ****61.25

DOCUMENT # N97000007037

1. Entity Name
CRESTVIEW LITTLE LEAGUE, INC.



40130778



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

08142007 Chg-NP CR2E037 (12/06)

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
PRINTY, ROBERT M
6199 LK ELLA RD
CRESTVIEW, FL 32539

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25
Due by September 14, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMMERMAN, ERIC D 5761 WILDWOOD RD CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALL, KIM 107 TREVOR CT CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRINTY, ROBERT M 6199 LK ELLA RD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRINTY, SHEILA 6199 LK ELLA RD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brian D. Goodwin 5890 Hwy 393 Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEEL, LEONARD C. 3141 WINSTEAD COVE CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Schirmer Jennifer 1124 Gabrielle Crestview, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Weidenhammer, Pamela S. 503 Risen Star Dr. Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: Brian D. Goodwin **8-17-07** **850-682-2477**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #