


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90019 036 ****61.25

DOCUMENT # N98000000627 1. Entity Name NORTH LAKE LAND NATIONAL LITTLE LEAGUE, INC.					
Principal Place of Business 7044 GREEN ROAD HUNT FOUNTAIN PARK LAKE LAND, FL 33809			Mailing Address 7044 GREEN ROAD HUNT FOUNTAIN PARK LAKE LAND, FL 33809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent CARLTON, CHARLES L 6310 LAKE LAND HILLS BLVD. LAKE LAND, FL 33805				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODDENBERRY, SANDY		NAME		
STREET ADDRESS	1015 BRENTWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33809		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, DEBORAH		NAME		
STREET ADDRESS	2050 RANCH LAND ACRES RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33809		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARLES, BILLY		NAME		
STREET ADDRESS	1110 ENTERPRISE ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33805		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNLOW, ANGELA		NAME	Bradley Fox	
STREET ADDRESS	201 GRANITE DR		STREET ADDRESS	5712 Lake Breeze Dr.	
CITY-ST-ZIP	LAKE LAND, FL 33809		CITY-ST-ZIP	Lake Land, FL 33809	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Deborah Shiver*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04
Date

863-858-2080
Daytime Phone #