

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000001545



1. Entity Name
SOUTH LEVY LITTLE LEAGUE, INC.

Principal Place of Business
8350 HIGHWAY 40 EAST
INGLIS, FL 34449

Mailing Address
P.O. BOX 504
INGLIS, FL 34449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3316773

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, LAURA C
300 S. INGLIS AVE
INGLIS, FL 34449

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: *Laura C. Watson* Laura C. Watson/Secretary DATE: *3/22/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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: P
NAME: SPEAR, GARY
STREET ADDRESS: 10930 SE 201ST STREET
CITY-ST-ZIP: INGLIS, FL 34449

Delete

TITLE: P
NAME: Cleve Boatwright
STREET ADDRESS: 22759 SW 177th PL.
CITY-ST-ZIP: Dunnellon, FL 34431

Change Addition

TITLE: V
NAME: BOATWRIGHT, CLEVE
STREET ADDRESS: 22759 SW 177th PL.
CITY-ST-ZIP: DUNNELLON, FL 34431

Delete

TITLE: VP
NAME: Jason Boatwright
STREET ADDRESS: 22759 SW 177th PL.
CITY-ST-ZIP: Dunnellon, FL 34431

Change Addition

TITLE: S
NAME: WATSON, LAURA C
STREET ADDRESS: 300 S. INGLIS AVE
CITY-ST-ZIP: INGLIS, FL 34449

Delete

TITLE: NAME
STREET ADDRESS: CITY-ST-ZIP:

Change Addition

TITLE: D
NAME: SAMPLES, CAREN
STREET ADDRESS: 11240 N NORTHWOOD DR #39
CITY-ST-ZIP: INGLIS, FL 34449

Delete

TITLE: NAME
STREET ADDRESS: CITY-ST-ZIP:

Change Addition

TITLE: T
NAME: BILLUPS, JANE
STREET ADDRESS: 14 TRONU DR
CITY-ST-ZIP: INGLIS, FL 34449

Delete

TITLE: NAME
STREET ADDRESS: CITY-ST-ZIP:

Change Addition

TITLE: D
NAME: BIGGS, MARTEE
STREET ADDRESS: 8800 N MAPLE AVE
CITY-ST-ZIP: CRYSTAL RIVER, FL 34428

Delete

TITLE: NAME
STREET ADDRESS: CITY-ST-ZIP:

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: *Laura C. Watson* Laura C. Watson
Signature and Typed or Printed Name of Signing Officer or Director

Date: *3/22/05* (352)489-8021
Daytime Phone:

