2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State
01-05-2007 90029 039 ****61.25

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1. Entity Name
SOUTH LEVY LITTLE LEAGUE, INC.

400000036

Principal Place of Business	Mailing Address
8350 HIGHWAY 40 EAST INGLIS, FL 34449	P.O. BOX 504 INGLIS, FL 34449

01032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3316773 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATSON, LAURA C 300 S. INGLIS AVE INGLIS, FL 34449	Name: CAROL BOATWRIGHT Street Address (P.O. Box Number is Not Acceptable): 12 ROSE AVE City: Inglis FL Zip Code: 34449

6. 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: Carol Boatwright Secretary DATE
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOATWRIGHT, CLEVE 12 ROSE AVENUE INGLIS, FL 34449	President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOATWRIGHT, JASON 8151 HWY 40 E INGLIS, FL 34449	Vice President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UIC WATSON, LAURA C 300 S. INGLIS AVE INGLIS, FL 34449	Umpire in Chief ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOATWRIGHT, CAROL 12 ROSE AVENUE INGLIS, FL 34449	Secretary ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUZBEE, ALICIA P.O. BOX 504 INGLIS, FL 34449	Treasurer ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SO DEGENNARRO, GEORGE 91 LOIS AVENUE INGLIS, FL 34449	Safety Officer ☐ 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 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: Cleve Boatwright President 1-05-07 352-447-2669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #