

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90045 048 ****61.25

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1. Entity Name
 EAST MERRITT ISLAND LITTLE LEAGUE
 INCORPORATED



Principal Place of Business Mailing Address
 JUDY C. HOBBS P.O. BOX 540111
 1525 GLEN HAVEN DR. MERRITT ISLAND, FL 32954-0111
 MERRITT ISLAND, FL 32952 US

50013923



2. Principal Place of Business 3. Mailing Address
 1201 N. Banana River Dr Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State Merritt Island FL City & State 4. FEI Number 59-2151289 Applied For Not Applicable

Zip 32952 Country USA Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 HINDS, RHONDA Name Rhonda Hinds
 300 MAGNOLIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 545 N. Courtenay Pkwy Ste 202
 SUITE A City Merritt Island FL Zip Code 32953
 MERRITT ISLAND, FL 32952

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 *Rhonda Hinds* 2/8/05
 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, 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 MASON, RICK STREET ADDRESS 1255 POTOMAC DR CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	TITLE President NAME Michael Lankes STREET ADDRESS 1356 Jane Court CITY-ST-ZIP Merritt Island FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME HINDS, RHONDA STREET ADDRESS 1835 N. BANANA RIVER DR 1630 Seashell Dr. CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME MASON, JAN STREET ADDRESS 1255 PATOMEK DR CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Monica Utt STREET ADDRESS 1640 Wavecrest St CITY-ST-ZIP Merritt Island FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME LEWIS, RON STREET ADDRESS 610 ALBATROSS CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Kevin Parrish STREET ADDRESS 1525 Stafford Ave CITY-ST-ZIP Merritt Island FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: *Rhonda Hinds* 2/8/05 321-454-2206
 Signature and typed or printed name of signing officer or director Date Daytime Phone #