2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

MERRITT ISLAND FL 32954-0111

P.O. BOX 540111

DOCUMENT # N98000004823

Country

6. Name and Address of Current Registered Agent

JUDY C. HOBBS

1525 GLEN HAVEN DR.

MERRITT ISLAND FL 32952

Suite, Apt. #, etc.

HINDS, RHONDA

City & State

Zip

2. Principal Place of Business

Principal Place of Business

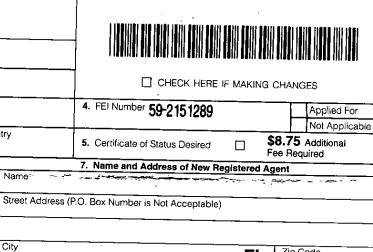
EAST MERRITT ISLAND LITTLE LEAGUE INCORPORATED



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90292 033 ****61.25

60006668



| 300 MAGNOLIA AVENUE SUITE A MERRITT ISLAND FL 32952 | | | Street | Address (P.O. Box Number is I | Not Acceptable) | | |
|---|--|-----------------------------------|---|----------------------------------|--|-------------|---------------|
| MIERRIT | 1 ISLAND FL 32952 | | City | | | Zip Co | |
| 8. The above | e named entity submits this statement for the | purpose of changing its r | gistered office or registered agent, or both, in the State | | PL PL | FL Zip Code | |
| the obliga | ations of registered agent. | , , , | ogistorea onice | or registered agent, or both, in | the State of Florida. I am fai | miliar wit | h, and accept |
| SIGNATURE | | | | | • | | |
| SIGNATURE | Signature, typed or printed name of registered agent and tit | le if applicable. (NOTE: | Registered Asset sine | | | | |
| Ā | | (1012) | ricgistered Agent Signa | ature required when reinstating) | DATE | | |
| <u> </u> | FILE NOW: FEE IS \$61.25 | 9. Election Camp Trust Fund Co | 9. Election Campaign Financing: \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | | |
| 10. | OFFICERS AND DIRECT | ORS | 11. | ADDITIONS/CHANGE | S TO OFFICERS AND DIRE | OTOBO I | N 40 |
| TITLE NAME | DP WILLIAMS, TONYA | Delete | TITLE | 1 | | Change | N 10 Addition |
| STREET ADDRESS | 6245 N TROPICAL TR | • | NAME | Rick Mason | _ | _ onango | Addition |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | | STREET ADDRESS | 1255 Potoma | L PI | | |
| TITLE | DT | | CITY-ST-ZIP | Mcrritt Isla | nd FL 3295 | 52 | |
| NAME | HINDS, RHONDA | ☐ Delete | TITLE | | _ | Change | ☐ Addition |
| STREET ADDRESS | 1835 N BANANA RIVER DR | | NAME STREET ADDRESS | | | | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | | CITY-ST-ZIP | | | | |
| TITLE | DS | ☐ Delete | TITLE | | | <u> </u> | <u> </u> |
| NAME | MASON, JAN | <u> </u> | NAME | | | Change | ☐ Addition |
| | 1255 PATOMEC DR | | STREET ADDRESS | | | | |
| | MERRITT ISLAND FL 32952 DVP | | CITY-ST-ZIP | L. | | | |
| | LEWIS, RON | ☐ Delete | TITLE | | · | Change | ☐ Addition |
| | 610 ALBATROSS | | NAME | | _ | , ondings | Addition |
| | MERRITT ISLAND FL 32952 | . P | STREET ADDRESS | | | | |
| TITLE | | ` | CITY-ST-ZIP | | <u></u> | | |
| NAME | | . Delete | TITLE | | | Change | ☐ Addition |
| STREET ADDRESS | , | | NAME STREET ADDRESS | | | | |
| CITY-ST-ZIP | | į | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | | |
| IAME | | - Doleto | NAME | | | Change | Addition |
| STREET ADDRESS | | ŀ | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | • | · | | ĺ |
| I hereby ce | ertify that the information supplied with this fill | na does not qualify for the | | 11 0 | | | |

Country

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 changed, or on an attantment with an address, with all other like empowered to respons the properties of the same legal effect as if made under oath; that I am an officer or director changed, or on an attantment with an address, with all other like empowered.

SIGNATURE:

1-11-03 20116162211