

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006926

FILED
Jul 14, 2008
Secretary of State

Entity Name: NORTH RIVER AMERICAN LITTLE LEAGUE, INC.

Current Principal Place of Business:

1508 12TH ST. WEST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

PO BOX 1072
PALMETTO, FL 34220

New Mailing Address:

FEI Number: 59-2261618 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SULLIVAN, VINCE S
2715 TERRA CEIA BAY BLVD
702
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

SULLIVAN, VINCE S
904 SEMINOLE SKY DRIVE
RUSKIN, FL 33570 US

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.

SIGNATURE: _____

07/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SULLIVAN, SCOTT
Address: 2715 TERRA CEIA BAY BLVD #702
City-St-Zip: PALMETTO, FL 34221

Title: VD () Delete
Name: SCHAPPACHER, BECKY
Address: 1705 14TH AVE WEST
City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete
Name: DAIGLE, ROBIN
Address: 1808 12TH ST WEST
City-St-Zip: PALMETTO, FL 34221

Title: SD (X) Delete
Name: VEDDER, STACEY
Address: 209 8TH ST. W.
City-St-Zip: PALMETTO, FL 34221

Title: CC (X) Delete
Name: VEDDER, BRAD
Address: 209 8TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SULLIVAN, VINCE S
Address: 904 SEMINOLE SKY DRIVE
City-St-Zip: RUSKIN, FL 33570

Title: PA (X) Change () Addition
Name: SULLIVAN, CARRIE
Address: 904 SEMINOLE SKY DRIVE
City-St-Zip: RUSKIN, FL 33570

Title: TR (X) Change () Addition
Name: DAIGLE, ROBIN
Address: 1808 12TH ST WEST
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT SULLIVAN

PRES

07/14/2008

Electronic Signature of Signing Officer or Director

Date