
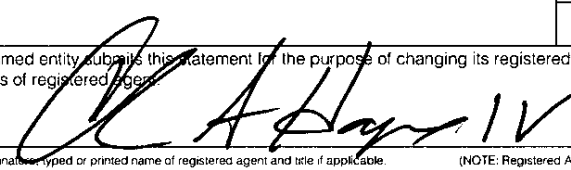
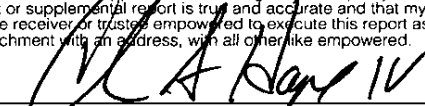


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 OCT -6 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N98000006926</b> 1. Entity Name NORTH RIVER AMERICAN LITTLE LEAGUE, INC.																													
Principal Place of Business 1508 12TH ST. WEST PALMETTO, FL 34221			Mailing Address PO BOX 1072 PALMETTO, FL 34220																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number <b>59-2261618</b>																									
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  SULLIVAN, VINCE S 904 SEMINOLE SKY DRIVE RUSKIN, FL 33570				7. Name and Address of New Registered Agent Name <b>Charles A Hague IV</b> Street Address (P.O. Box Number is Not Acceptable) <b>2405 16th St W</b> City <b>Palmetto</b> <b>FL</b> Zip Code <b>34221</b>																									
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>																													
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																									
<b>Make check payable to Florida Department of State</b>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SULLIVAN, VINCE S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>904 SEMINOLE SKY DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>RUSKIN, FL 33570</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">PA</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SULLIVAN, CARRIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>904 SEMINOLE SKY DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>RUSKIN, FL 33570</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	SULLIVAN, VINCE S		STREET ADDRESS	904 SEMINOLE SKY DRIVE		CITY-ST-ZIP	RUSKIN, FL 33570		TITLE	PA	<input checked="" type="checkbox"/> Delete	NAME	SULLIVAN, CARRIE		STREET ADDRESS	904 SEMINOLE SKY DRIVE		CITY-ST-ZIP	RUSKIN, FL 33570	
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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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: center;"> <b>Charles A Hague IV</b>  <small>Date</small> </div> <div style="width: 20%; text-align: right;"> <b>10-208(941) 713-3015</b>  <small>Daytime Phone #</small> </div> </div>																													