

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-29-2004 90035 043 \*\*\*\*61.25

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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03072004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N98000006994</b> 1. Entity Name VIERA/SUNTREE LITTLE LEAGUE, INC.					
Principal Place of Business 900 JORDAN BLASS DRIVE BALL FIELDS MELBOURNE, FL 32940			Mailing Address 6300 N WICKHAM ROAD STE 130-211 MELBOURNE, FL 32940		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0905126			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STRAUB, ROBERT 839 KERRY DOWNSCIRCLE MELBOURNE, FL 32940			Name <b>ROBERT KUSH</b> Street Address (P.O. Box Number is Not Acceptable) <b>837 OAK PARK DR.</b> City <b>MELBOURNE</b> <b>FL</b> Zip Code <b>32940</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.					
SIGNATURE		ROBERT M. KUSH, TREASURER		3/25/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD GERDES, JAMES <input checked="" type="checkbox"/> Delete 292 SANDY RUN MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President David Zaretz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 315 Sandhurst Dr. Melbourne FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUSH, ROBERT <input type="checkbox"/> Delete 837 OAK PARK DRIVE MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUB, ROBERT <input checked="" type="checkbox"/> Delete 839 KENNY DOWNS CIRCLE MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dennis Golden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 600 Wickham Lakes Melbourne FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBECK, ROY <input type="checkbox"/> Delete 1477 CRANE CREEK BLVD VIERA, FL 32940		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	D David McKay <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 570 Wethersfield Place Melbourne FL 32940	
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:			3/25/04		321-253-6530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #